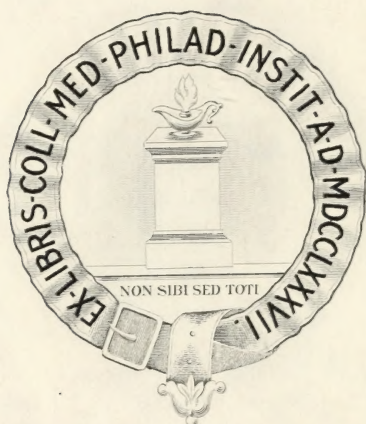




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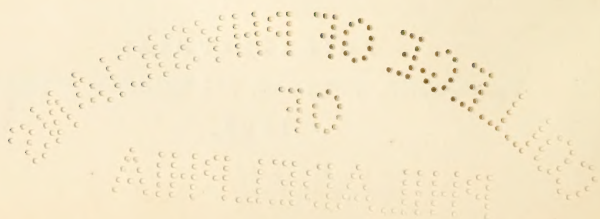
Kahnemannian Monthly.

VOLUME FOURTH.

FROM AUGUST, 1868, TO JULY, 1869.

ROB'T J. McCLATCHY, M. D., EDITOR.

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INDEX

TO THE

Hahnemannian Monthly.

VOLUME FOURTH, 1868-69.

Aconite, Proving of. By Temple S. Hoyne, M. D.....	366
Alcohol in Disease. By Silas S. Brooks, M. D.....	387
Allium cepa. By W. James Blakely, M. D.....	374
American Institute of Homœopathy; 22d Session.....	485
“ “ Homœopathic Pharmacy.....	95
Amputation of the Leg By J. H. McClelland, M. D.....	174
Aneurism of the Ulnar Artery. By M. Macfarlan, M. D.....	414
Apis Mellifica in Typhus. By Adolph Lippe, M. D.....	11
Arnica, Convulsions cured by. By Temple S. Hoyne, M. D.....	211
Arrowsmith, W. L., M. D., Review of Sharp's "Organopathy".....	20
Asthenopia, Phosphorus in. By Irving S. Hall, M. D.....	403
Bandage after Parturition, The. By H. N. Guernsey, M. D.....	97
“ “ “ “ By M. A. Richter, M. D.....	175
Barnaby, J. E., M. D., Obituary of.....	441
Basis of Therapeutics, The. By J. H. P. Frost, M. D.....	123
Belding, R. E., M. D., Proving of Glonoine.....	120
Bell, Jas. B., M. D., Report on Surgery.....	202, 251
“ “ “ Psorinum.....	398
“ “ “ Petroleum.....	402
“ “ “ Ipecac. in Post-partem Hemorrhage.....	405
Benson, P. O. C., M. D., Proving of Glonoine.....	116
Bismuth in Cholera Infantum. By Adolph Lippe, M. D.....	65
Blakely, W. Jas., M. D., Progress.....	1
“ “ “ Clinical Case.....	374
Boyce, C. W., M. D., Clinical Experience with Glonoine.....	121
Brooks, Silas S., M. D., Alcohol in Disease.....	387
Catarrh, Gelseminum in. By Wm. E. Payne, M. D.....	407
Cattle Disease, Report on. By Bushrod W. James, M. D.....	136
Cerebro-Spinal Meningitis. By J. H. P. Frost, M. D.....	193, 241
Certainty of Medicine, The. By Adolph Lippe, M. D.....	49
Chaffee, D. J., M. D., Proving of Glonoine.....	120
Chloroform and Ether. By J. H. P. Frost, M. D.....	177
Cholera Infantum, Bismuth in. By Ad. Lippe, M. D.....	65
Cimicifuga in Suppression of Lochia. By Richard Koch, M. D.....	418
Clinical Case. By Coates Preston, M. D.....	13
“ “ By A. M. Cushing, M. D.....	66

145562

OCT 31 1936

Clinical Case. By Adolph Lippe, M. D.....	128, 266
“ “ By W. Jas. Blakely, M. D.....	374
Cochran, Chas. A., M. D., Dysmenorrhœa	74
“ “ “ Petroleum.....	400
Correspondence.....	92
Convulsions cured by Arnica. By Temple S. Hoyne, M. D.	211
“ Puerperal. By W. Williamson, M. D.	443
Cook, Wm. H., M. D., Report of Society of Cumberland Valley....	239
Cornea, Perforation of. By Malcolm Macfarlan, M. D.	417
Cushing, A. M., M. D., Clinical Case.....	66
Dioscorea, Proving of. By J. U. Woods, M. D.	58
“ Action of on Genitals. By E. M. Hale, M. D.....	306
Dudley, Pemberton, M. D., Materiality and Force.....	163
Dysmenorrhœa. By Chas. A. Cochran, M. D.....	74
Effects of Vaccination. By M. A. Richter, M. D.	63
Ether and its Discoverers.....	83
“ “ Chloroform. By J. H. P. Frost, M. D.	177
Facts and Theories of Homœopathy, No. 3. By Jacob Jeanes, M.D.	323
Fibro-cartilaginous Tumor in Uterus. By J. E. Kent, M. D.	269
Fiske, W. L., M. D., Proving of Glonoine.....	119
Fœtus, Malposition of, Pulsatilla in. By Mercy B. Jackson, M. D.,	279
“ “ “ By J. H. Marsden, M. D.	363
Food in Disease. By R. C. Smedley, M. D.	263
Frost, J. H. P., M. D., The Study of Pathology.....	39
“ “ “ The Basis of Therapeutics.....	123
“ “ “ Chloroform and Ether	177
“ “ “ Cerebro-Spinal Meningitis.....	193, 241
“ “ “ High Potencies	283
“ “ “ Infantile Pneumonia.....	355
“ “ “ Rabies-Canina and Viper-Poisoning.	395
Gardiner, Richard, M. D., Vomiting of Urine	67
Gelsemium in Febrile Conditions. By Irving S. Hall, M. D.....	402
“ in Catarrh. By Wm. E. Payne, M. D.....	407
Glonoine, Proving of.....	116
“ Clinical Experience with. By C. W. Boyce, M. D.	121
Gossypium herbaceum. By W. Williamson, M. D.	315
Guernsey, Henry N., M. D., The Bandage after Parturition	97
“ “ “ Tinea Decalvans.....	132
“ “ “ Reproduction	214
“ “ “ Treatment of Leucorrhœa	291
“ “ “ Key-Notes ; or, Characteristics	158, 208, 259, 337, 371, 408, 470
Hale, Edwin M., M. D., Action of Dioscorea on Genitals.....	306
Hall, Irving S., M. D., Report of Maine Central Society	398
“ “ “ Gelsemium in Febrile Conditions.....	402
“ “ “ Phosphorus in Asthenopia	403
Hawley, W. A., M. D., Proving of Glonoine.....	119
Heerman, Chas., M. D., The Value of Pathology	168
Hemorrhage, Post-partem, Ipecac. in. By J. B. Bell, M. D.	405
High Potencies. By J. H. P. Frost, M. D.	283
Homœopathy in Russia. By Robert J. McClatchey, M. D.....	237
“ American Institute of, 22d Session	485
Homœopathic Med. Coll. of Penna. By R. J. McClatchey, M. D....	43
“ “ “ “ 21st Annual Commencement...	586
“ Life Insurance.....	81
“ Pharmacy, American Institute of.....	95
“ Hospital of Pittsburgh.....	439
“ “ Philadelphia ; Grand Fair.....	481
“ Medical Society, Central, of Maine.....	96, 398

Homœopathic Medical Society, Philadelphia	139, 187, 348, 379, 428, 504
" " " Massachusetts	182, 437
" " " Cumberland Valley	239
" " " Chester and Delaware Co.	435
" " " Kansas	438
" " " Pennsylvania	516
Hoyne, Temple S., M. D., Convulsions Cured by Arnica	211
" " " Proving of Aconite	366
Hydrocele, Case of. By Mahlon Preston, M. D.	19
Infantile Pneumonia. By J. H. P. Frost, M. D.	255
Intermittent Fever, Case of. By T. Dwight Stow, M. D.	161
Ipecac. in Post-partum Hemorrhage. By J. B. Bell, M. D.	405
Iris Versicolor in Sciatica. By Wm. E. Payne, M. D.	405
Jackson, Mercy B., M. D., Pulsatilla in Malposition of Fœtus	279
James, Bushrod W., M. D., Report on Cattle Disease	136
" " " " of Philadelphia Med. Society	379
" " " " of Pennsylvania Med. Society	516
Jeanes, Jacob, M. D., A Practical Paper	145
" " " The Wirkungs-dauer	323
Jennings, C. P., Rev., Potencies and Doses	272
Kent, J. Emerson, M. D., Fibro-cartilaginous Tumor in Uterus	269
Key-Notes; or, Characteristics. By H. N. Guernsey, M. D.,	158, 208, 259, 337, 371, 408, 470
Koch, Richard, M. D., Cimicifuga in Suppression of Lochia	418
"Let us have Peace." By Robt. J. McClatchey, M. D.	233
" " " By T. Dwight Stow, M. D.	331
Leucorrhœa, Treatment of. By Henry N. Guernsey, M. D.	291
Lippe, Adolph, M. D., Apis mel. in Typhus	11
" " " The Certainty of Medicine	49
" " " Bismuth in Cholera Infantum	65
" " " Clinical Observations	128, 266
" " " Saccharum Officinale	120
Lilienthal, Samuel, M. D., Vaginismus	474
Lochia, Suppression of, Cimicifuga in. By Richard Koch, M. D.	418
Macfarland, L., M. D., Report of Massachusetts Medical Society	182
Macfarlan, Malcolm, M. D., True Aneurism of Ulnar Artery	414
" " " Perforation of Cornea	417
Marsden, J. H., M. D., Pulsatilla in Malposition of Fœtus	363
Materiality and Force. By Pemberton Dudley, M. D.	163
McClatchey, Robt. J., M. D., Hom. Med. College of Penna.	43
" " " Volume Fourth	45
" " " Homœopathic Life Insurance	81
" " " Publications Received	86, 229, 345, 375, 419, 478
" " " Reports of Philadelphia Med. Society	139, 187, 348, 428, 509
" " " "Let us have Peace"	233
" " " The Spinal Nerves	235
" " " Homœopathy in Russia	236
" " " Perchloride of Iron	237
" " " Hom. Med. Society of Penna.	516
McClelland, Jas. H., M. D., Amputation of the Leg	174
Non-Amputation of Leg. By M. A. Richter, M. D.	61
Obituary: J. E. Barnaby, M. D.	441
Organopathy, Sharp's, Review of. By W. L. Arrowsmith, M. D.	29
Parturition, The Bandage after, By H. N. Guernsey, M. D.	97
" " " " By M. A. Richter, M. D.	175
" " " " and its Management. By C. Pearson, M. D.	310
Pathology, The Study of. By J. H. P. Frost, M. D.	39

Pathology, Value of. By Chas. Heerman, M. D.	168
Payne, Wm. E., M. D., Iris Versicolor in Sciatica	405
“ “ “ Gelsemium in Catarrh	407
Perchloride of Iron. By Robt. J. McClatchey, M. D.	237
Perforation of the Cornea. By Malcolm Macfarlan, M. D.	417
Petroleum. By Chas. A. Cochran, M. D.	400
“ By Jas. B. Bell, M. D.	402
Phosphorus in Asthenopia. By Irving S. Hall, M. D.	403
Physiognomics. By F. A. Rockwith, M. D.	462
Pneumonia, Infantile. By J. H. P. Frost, M. D.	355
Potencies and Doses. By Rev. C. P. Jennings	271
Potencies, High. By J. H. P. Frost, M. D.	283
Preston, Coates, M. D., Clinical Cases	13
Preston, Mahlon, M. D., A Case of Hydrocele	19
Progress. By W. James Blakely, M. D.	1
Proving of Dioscorea. By J. U. Woods, M. D.	58
“ Glonoine	116
“ Aconite	366
Psorinum. By Jas. B. Bell, M. D.	398
Publications Received	86, 229, 345, 375, 419, 478
Puerperal Convulsions. By W. Williamson, M. D.	443
Pulsatilla in Malposition of Fetus. By Mercy B. Jackson, M. D.	279
“ “ “ By J. H. Marsden, M. D.	363
Rabies-Canina and Viper-Poisoning. By J. H. P. Frost, M. D.	395
REPERTORY TO THE MATERIA MEDICA. By Edward W. Berridge, M. D. CHAPTER I.—EYES, pp. 1 to 72.	
Reproduction. By Henry N. Guernsey, M. D.	214
Richter, M. A., M. D., Non-amputation of Leg	61
“ “ “ Effects of Vaccination	62
Rockwith, Frank A., M. D., Physiognomics	462
Saccharum officinalis. By Adolph Lippe, M. D.	130
Scalding of Uterus. By A. R. Shaw, M. D.	267
Sciatica, Iris Versicolor in. By Wm. E. Payne, M. D.	405
Shaw, A. R., M. D., Scalding of Uterus	267
Smedley, R. C., M. D., Food in Disease	263
Stow, T. Dwight, M. D., Proving of Glonoine	117
“ “ “ Case of Intermittent Fever	161
“ “ “ “Let us have Peace”	331
Surgery, Report on. By Jas. B. Bell, M. D.	202, 251
Surgical Case, A Complicated. By Chas. H. Von Tagen, M. D.	153
Therapeutics, Basis of. By Jas. H. P. Frost, M. D.	125
Tinea Decalvans. By Henry N. Guernsey, M. D.	132
Urine, Vomiting of, Case of. By Richard Gardiner, M. D.	67
Ustilago madis. By J. B. Wood, M. D.	369
Uterus, Scalding of. By A. R. Shaw, M. D.	267
“ Fibro-cartilaginous Tumor in. By J. Emerson Kent, M. D.	269
Vaccination, Effects of. By M. A. Richter, M. D.	63
Vaginismus. By S. Lilienthal, M. D.	474
Value of Pathology. By Chas. Heerman, M. D.	168
Volume Fourth. By Robt. J. McClatchey, M. D.	45
Vomiting of Urine, Case of. By Richard Gardiner, M. D.	67
Von Tagen, Chas. H., M. D., Complicated Surgical Case	153
Wallace, A. E., M. D., Proving of Glonoine	119
Williamson, W., M. D., Gossypium herbaceum	315
“ “ “ Puerperal Convulsions	443
Wirkungs-dauer, The. By Jacob Jeanes, M. D.	323
Wood, Jas. B., M. D., Ustilago madis	369
Wood, Henry C., M. D., Report of Chester and Delaware Co. Soc.	435
Woods, J. U., M. D., Proving of Dioscorea	58

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No. 1.

PROGRESS.

BY W. JAMES BLAKELY, M D.

PERHAPS no word is more suggestive of the spirit of the age in which we live than is the one which heads this article; none more indicative of the thoughts and actions of people at the present time. When properly understood, no word in the language furnishes the idea of greater benefits than this; no word holds out greater inducements for labor; mental, moral and physical. When this correct understanding is had, no word embodies grander or loftier ideas, no word stirs more quickly the better impulses of the heart, none elevates more surely the holier feelings of the soul. It is this word which has moved the world in its onward course since its creation; it has made empires and ruined nations; it has built up mighty republics and has swept from the face of the earth peoples and kingdoms. It has raised to the pinnacle of power, men ambitious for their own advancement, or earnest only for their country's good, and it has stricken both down without a moment's warning. It has caused revolutions, political and religious; it has devastated

flourishing countries, causing dishonor to men and women and suffering and death to innocent babes; it has discovered new continents and has enslaved and exterminated their inhabitants, and it has incited deeds innumerable, embracing every virtue and every vice, since the creation. How potent must be a word, an *idea* which can affect so much for good or for evil and how important to have a correct application of its meaning and intent.

True progress is the progression of thought, the advance of intellect, the spread of truth.

To the progression of thought the other definitions are natural corollaries, since thought is the highest faculty bestowed on man, and from its proper and judicious cultivation, intellectual advancement and the dissemination of truth, as consequent effects, will result.

We say "the wish is father to the thought," the desire of attainment or possession stimulates the mind, the intellectual part of man, to extend to the object it has in view, to consider it in all its various aspects, to mould its thoughts into form, and finally to grasp it when it has assumed substance and shape. Thus the thought becomes father to the act, for intellectual exercise is stimulated by desire, and intellectual advancement is the result. The same holds good with regard to the spread of truth. When desire has promoted thought and thought has produced knowledge, the natural sequence is a desire to ascertain the *truth* of the ideas which have resulted from thought, and when this has been demonstrated their dissemination becomes a natural consequence. And here will be seen the necessity, in all our efforts, of beginning at once at their source; of seeing that *thought* is well directed; of attending to that judicious training of the mind the result of which will be judicious thinking, and thus give rise to intellectual advancement which will be truthful and not pernicious. Injudicious mental training and ill-directed mental effort have originated much false philosophy, the non-existence of which would have been advantageous to the advance of intellect.

and the spread of truth, both of which have been retarded by it.

True progress, then, embodies thought, advancement and truth, and anything claiming the name and not possessing these faculties is false, and should be arrested before it can produce its baneful effects, for every man and everything in animate or inanimate life, has a mission which can be directed to good or perverted to evil. As a necessary consequence, anything which embodies these faculties should be encouraged and assisted, that its mission for good may at once produce beneficial results.

Progress, thus considered, has been evident throughout the entire life of the world. Through it the ancients gave us literature, philosophy, architecture and principles of government, to which anything contributed by later ages has been only additions, and perhaps not always improvements. The moderns have furnished music, sculpture, painting, sciences and arts, political economy and the amenities of life. False progress has produced much not necessary to mention here, but which is easily seen by him who possesses the true idea of the subject. Among all the different ages of the world, in which this word, or the idea expressed by it, has exerted its influence upon society, the present is perhaps best entitled to the palm of superiority, best entitled to be considered the "age of progress," as it has been not inaptly termed, nor do I say this in deprecation of the efforts of former eras which did their part in promoting the great advance, but from the especial direction which efforts of this age have taken in promoting the *good* of man, both in his intellectual and physical natures. Furthermore, to the development of intellect and consequent advancement of science, has been added the universal dissemination of resulting knowledge; the education of a class has yielded to the instruction of the many, and thus the natural result of scientific advancement and popularization of knowledge has been the application of their principles to those things which peculiarly belong to the many.

These general remarks apply to medicine equally with other sciences, and the definition given to the word is no less correct when considered from a medical stand-point. While medicine was confined to a class, *thought* was confined within limits too narrow to promote either the advancement of intellect or the spread of truth. But when this was changed, when thought was exercised with other aims than the mere improvement of an effete system, when it directed its efforts beyond the narrow boundaries of existing theories, and aimed to grasp something higher and better, then intellectual advance was the necessary result, followed by the discovery of truth and its consequent universal dissemination. And here again we see the necessity, before alluded to, of giving in the start a proper direction to *thought*; the science of medicine remained in shameful ignorance for ages, because men made their scope of thought too narrow; because, instead of boldly giving wings to thought, and soaring above their well beaten paths, they contented themselves by believing they were right, and consequently only aimed to better a system, from its very nature not susceptible of improvement.

Thus we find that when the darkness which had, in some respects, enshrouded the mediæval ages, began to dissipate; when science and the arts felt the invigorating influence of the new era; when discoveries were made in nearly all the departments of knowledge, medicine still remained clad in the garments of the Galenic age. The vagaries of Paracelsus, the learning of Haller, and the profound erudition of Sydenham, the theories of Brown, and the teachings of Cullen were alike useless in promoting the advance of practical medicine. Theorists piled Ossa upon Pelion and exchanged Scylla for Charybdis, only to leave suffering humanity as helpless and as hopeless as before.

But Hahnemann, starting out with the hypothesis that the medicine of his day was wrong in principle and hurtful in practice, proclaimed a law differing *in toto* from that of the established creed, a law embracing not one iota of received

teachings, and upon which could be founded *de novo* a system true in principle, and consequently infallible in practice. By thus giving free scope to a mind already matured and prepared for the reception of loftier ideas than prevailed in his day, Hahnemann inaugurated that true progress which has since revolutionized medical science. True, the progress (in its limited sense), of this great medical progress, has been slow; its history has been one of suffering, its road a pathway of thorns, its sorrows innumerable, its opponents bitter and malignant, but its triumphs will be great and enduring. But this progress was not, in itself, complete, but was rather a step toward that perfection which his successors should endeavor to attain, and for which his labors form the foundation for us to build upon, the foundation upon which we are to erect a structure whose end shall be coeval with that of time.

True perfection is "the possession of all the essential attributes, or all parts necessary to the integrity of a substance," and is either absolute or partial, according to its kind. Let us consider in what way this perfection can best be attained, what duties devolve upon us in attaining it, and how they can best be performed.

To do this understandingly, however, attention, for a short time, must be paid to the past, and the inquiry made and answered as to what has already been accomplished.

When Hahnemann made the discovery that disease is cured not by *contraries*, but by the administration of drugs whose effects are similar, he wisely deferred its announcement until, by practical experimentation, he had produced proofs which would satisfy others of the correctness of his conclusions. This accomplished and adherents gained, his and their labors were directed to the same object, the proving of drugs, and the completion of the *Materia Medica*; and until the middle of the present decade, the labors of physicians have been almost entirely concentrated upon this branch of medical science. Their time has been occupied in proving drugs, in writing works and articles upon the

subject, in translating others from foreign languages, and in the publication of professional and domestic works upon practical medicine. This was true progress for that period of the system, since no more natural course could be pursued than the perfection of that branch which was necessarily its very corner-stone, and upon which its success and even its existence depended.

When, however, we inquire what shall constitute true progress henceforth, we fail to discover that unanimity so characteristic of our predecessors, and are met with a variety of opinions.

One class, small indeed, oppose any advance upon the opinions of Hahnemann; they arrogantly make the use of the high potency equivalent to a belief in the principle of similia, and insist that to be recognized as a true follower of Hahnemann, the physician must use no other.

Another class, unfortunately much larger, is just the reverse of the first; it endeavors to get away as far as possible from Hahnemann and his teachings, believes the lines too tightly drawn between the new school and the old, and considers that union might be effected by compromise and mutual concession.*

It is this class which sneers at high potencies and "symptom treatment," which learnedly makes pathology the only true basis of drug selection, and which administers tangible doses on account of their "more scientific appearance."

A third class, very small indeed, insists, like the first mentioned, in making *homœopathies and high potencies* identical, with this important proviso, that the value of the latter is increased in proportion to the secrecy maintained.

None of these classes represents true Homœopathy, nor have they the spirit of true progress; they are as divergent as parallel lines, and are principally distinguished by their dogmatism and mutual quarrels. True (homœopathic) progress embraces the following points:

1. An unswerving devotion to the three cardinal princi-

* Vide M. H. Review, Vol. 12, No. 6, page 329.

ples of Homœopathy: the law of cure, the single remedy, and the minimum dose.*

2. The continued development of the *Materia Medica*, without its abridgment, by provings and re-provings.

3. The reference of the question of potencies to time and experience, to decide which are superior.

4. The cultivation of all the collateral branches, including pathology, to be used in their own spheres—always subservient to the law of cure.

5. The use of the single remedy, and the publication of cases in which but one remedy has been administered at a time.

6. The absolute denunciation of secrecy in medicine, in any form, and the expulsion from our midst of those who persist in it.

7. The perfection of all minor matters pertaining to the science of medicine.

This is true progress for Homœopathy for the present and future, and if adopted by all its adherents, would give that unity so promotive of success.

Of therapeutic material, the amount in our possession is immense, and to it constant additions are being made. That these additions are all valuable, is a question admitting of doubt; that by proper organization many of them might be made so, is entirely certain. The necessity of provings and re-provings is doubted by none, but true progress requires that these should be conducted in that way which will be productive of the best results, and these can only be attained by organization. The publication of the complete *Materia Medica* is another necessity—the tares cannot be separated from the wheat until both have grown up together.

* The minimum dose does not mean the highest potency, but simply the least medicine required in each case to effect a cure. The doctrine of dynamization is inseparably connected with Homœopathy, and physicians should not give crude drugs when the potencies are sufficient, and even far superior.

The question of potencies is one upon which the least charity has been exercised by members of the classes I have mentioned above, and yet it is a subject which common sense teaches must, in each case, be left to the judgment of the physician. Experience, so far, has *not* shown that, in all cases, any one class of potencies can be relied on as infallible. I lately, in a severe case of inflammatory rheumatism, produced speedy amelioration and a rapid cure by the administration of Bry.¹² after the 2^c and 6th, each employed for several days, had utterly failed. The comparison of the experience of the honest physicians of our school may ultimately decide the question; the dogmatism of either high or low potentists never will.

True progress inculcates *in certis unitas, in dubiis libertas, in omnibus charitas*.

That the cultivation of the collateral branches is recognized as true progress, the writings, teachings and practice of the best men of our school testify. Its fruits may be seen in the valuable works which have lately appeared, and which are alike creditable to their authors and honorable to our school. Hale on Abortion, Guernsey on Obstetrics, Raue on Pathology, Franklin on Surgery, Jahr on Venereal Diseases, and others, will be remembered as the first who, daring to leave the well beaten path of therapeutic literature, made us independent of old school works on the same subjects.

In making the use of the single remedy a necessary point in true progress, I am aware that I approach a subject upon which much difference of opinion exists. Without arguing the question, I would say that common sense, to cite no higher authority, will dictate the propriety of the single remedy. The provings which we accept upon trial, and upon the mere word of their authors, require verifications, by clinical use of the remedies, to establish their claims to genuineness. This verification cannot take place where two or more remedies are administered in alternation or succession. Hence, a great source of knowledge is lost. When,

however, but one remedy is used at a time in a case of disease, the symptoms removed by it can be readily marked. This applies with equal if not greater force to the old remedies, and should be well considered by those who demand a "weeding out" of the *Materia Medica*. Make the use of the single remedy absolute, and the false symptoms will soon be detected.

Furthermore, the knowledge that a certain train of symptoms has been removed by a certain remedy, increases our confidence in it, and at the same time our knowledge of it is augmented.

While we retain amongst us, as members of the profession and of our societies, men who are avowedly engaged in the manufacture and sale of secret remedies or preparations, and who defend their course in so doing, we undoubtedly endorse their action. While I believe an immense majority to be opposed to such secrecy, a certain delicacy seems to restrain us from performing our evident duty, and the offending gentlemen, encouraged by our clemency, coolly apply the ends of their thumbs to the tips of their noses, and gracefully oscillating their digital extremities, dare us to take action in the matter. *Fiat justitia ruat cælum*: Let justice be done though high potencies be sacrificed. Among the many points which true and scientific (homœopathic) progress will rectify, there is one which should receive immediate attention, and which it is to be hoped the Pharmaceutical Convention has considered in full. I refer to the nomenclature of the remedies composing our *Materia Medica*, which is, in many instances, not to speak too harshly, a disgrace to our school, and which will be accepted, however unjustly, as a sad commentary upon the learning of its members. A few instances will demonstrate this fact.

Calcaria carbonica. This is presumed to mean carbonate of lime; that it does not will be evident, when we consider that *calcaria*, which is here used as the substantive, is really the feminine of the adjective *calcareus*, "something pertaining to lime," as *calcaria fornax*, a lime-kiln. In the Latin

language there is no such word as *carbonica*; it should be *carbonata*, which joined to the proper substantive *calx*, would be *calx carbonata*, carbonated lime, or *calcis carbonas*, carbonate of lime.

Plumbum aceticum should be *plumbum acetatum*, acetated lead, or *plumbi acetas*. *Plumbum aceticum* is acetic, *i. e.*, *sour* lead; the same will apply to all remedies to which this coined *acetic* adjective has been added.

Mercurius iodatus and *bi-iodatus*. We use the iodide and biniodide. Should be *mercurii* or *hydrargyri iodidum* and *bin-iodidum*.

Kali hydriodicum should be *kalium hydriodatum* or *kali-hydriodas*.

Cuprum arsenicum and *cuprum oxydatum arsenicosum* should be *cupri arsenitum* and *cupri oxydum arseniatum*.

Kali bichromicum should be *kali bichromas*.

Croton tiglium should be *oleum crotonis tiglii* (seminum) or *oleum tiglii*.

Many other instances might be adduced, but these, I think, are sufficient to exhibit the necessity for reform in this direction.

We have hitherto been constantly employed in perfecting the main branches of our system, and have had no time to devote to minor details, but having more leisure at our disposal and more laborers in our ranks, let us so trim and prune the smaller outgrowing limbs which have been allowed to become unshapely, that when our main branches shall have attained their full strength and vigor, these smaller ones will be in that exact proportion as to form a perfect Homœopathy such as Hahnemann would have rejoiced to see, but which even his long life and immense labors could not effect. True progress includes all the points to which I have alluded, and our duty is to see that our system ever increases in beauty, strength and usefulness, until it shall have attained that perfection which the Almighty intended it to possess.

A CLINICAL EXPERIENCE.

BY ADOLPH LIPPE, M. D.

Apis mel. in Typhus.

Mr. J. W., *aet.* 17, being quite indisposed while in the country, became alarmingly ill and hastened to his home, traveling, in this condition, about seventy miles by rail and about ten miles in a carriage. I first saw him December 27th, 1867. I found him very much prostrated, complaining of violent throbbing headache, with sleeplessness; violent pain in the small of the back; fever high and face very red; aversion to light and noise. The headache and pain in the back were much relieved by a dose of *Belladonna*.

The symptoms most prominent and gradually developing themselves were:—entire sleeplessness, disinclination to talk, aversion to food, much thirst for cold water. On the fifth day diarrhoea set in. (*Phosphor. acid* had but a short and slight effect on this condition). The aversion to talk increased; the stools became more frequent; pulse 96; the tongue remained moist and clean till January 6th, when it became dry and red on the tip; the nights were very restless—(*Rhus tox.* gave no relief). From January 6th the stools were passed involuntarily, and on the 8th both urine and stools passed involuntarily. The abdomen was not painful to the touch or pressure. The exacerbation of the fever now commenced at 11 P.M., was at its height about 1 A.M., and diminished at 4 A.M. The pulse became small, hard and frequent. January 6th he received *Arsenicum alb.*, and was better on the 7th but worse on the 8th, and a repetition did not produce any effect. The debility increased; the pulse became much smaller, and the knees cold; thirst and the dryness of the tongue increased; complained every day of feeling very nervous. On the 9th he received one dose of *Sulphur*, but improved for a short time only.

On the 11th of January I found him growing worse. The nervousness had now reached a very high degree. The *subsultus tendinum* formerly observed in him for but a short time, had now changed into a quivering-trembling of the whole body; the extremities could not be kept quiet for a moment. He complained of no pain, but whined continually in the most pitiful manner. The countenance showed great suffering; the features were pinched; aggravation from 11 P.M. till 4 A.M.; 1 A.M. being still the height of the aggravation. Frequent, involuntary, painless stools; they have been dark brown, papescent and very offensive, *and are now mixed with mucus*; diarrhœa worse in the morning hours; no tympanitis; no pain in the abdomen on pressure; considerable thirst for water; skin dry; lips become blackish, tongue more dry; he lies only on his back. Pulse is now in the neighborhood of 180 to 200. The two principal remedies presenting themselves in the case were *Arsenic* and *Apis*. *Ignatia* had the mental symptom, but did not seem to correspond with the other conditions of the case. *Arsenic* corresponded well with the time of aggravation, but the characteristic restlessness of *Arsenic* was not present, but rather complete indifference; the diarrhœa was painless and worse in the morning hours, while the *Arsenic* diarrhœa is a painful one, and is worse during the night or after eating and drinking. Under *Apis* we find (Hering's *Amerikanische Arzneipruefungen*) Sympt. 1—*Indifference*. 970—*The whole nervous system seems highly agitated*. 971—*Great irritability of the nerves*. 973 and 1066—*Nervous restlessness the latter part of the night*. 980—*Trembling*. 983—*Trembling of the hands and feet*. 612—*Painless diarrhœa, especially in the morning*. The "quivering-trembling" was the last symptom, not dependent on any former remedy, but clearly indicating the progressiveness of the disease. The totality of the latest and most prominent symptoms was more characteristic of *Apis* than of any known remedy. On the evening of the 11th of January, the fourteenth day of the disease, the patient received *Apis* 20^m, six pellets dissolved in two

ounces of water—a teaspoonful every two hours. The effect was astonishingly happy. The quivering-trembling had ceased during the night, the whining had almost entirely subsided, the diarrhœa was lessened, the pulse in the morning marked 120, full and soft, the tongue less dry. The remedy was continued for three days at longer intervals. The urine was no longer discharged involuntarily, and showed for the first time, when allowed to stand, a cloud in the middle, and later a heavy sediment; perspiration and sleep followed until the patient asked for food on the 18th of January:—He had slept for five days almost without interruption. The diarrhœa had ceased entirely, the tongue became moist, and he began to converse again. On the 26th of January he received one dose of *Lycopod.* 10^m for a few remaining symptoms, and was fully restored to health without further medication. He returned to college in March, and when I saw him in the last week of April, he had gained more flesh, had a better color, was in fuller strength and better able to pursue his studies, than before his illness.

CLINICAL CASES.

BY COATES PRESTON, M. D.

1. August 8th, 1867.—Mrs. F., *æt.* 32, gave birth to an apparently healthy child, but as the parents had both been recently under my treatment for gonorrhœa, I had fears of unfavorable developments in the child, which were soon realized. In a few days after birth, I discovered very sore eyes. The lids were much swollen, with exudation of pus, which caused complete agglutination of the lids. These could only be separated by tedious applications of warm water, and, when separated in the slightest degree, the matter would gush out, rendering it almost impossible to see the real condition of the surface of the eyes. The margin and inner surface

of the lids were in a high state of congestion. These facts, together with the history of the case, afforded unmistakable evidence of *Ophthalmic Gonorrhœa* of an aggravated form. *Merc. Hep. s.*, *Apis*, *Thuya* and *Sulph* were given in consecutive order for more than three weeks, with but little, if any, benefit, when *Ars. 2^c* was given, a powder every evening, for four days. At my next visit, on the fourth day after this prescription, the swelling and inflammation of the lids had greatly diminished, and the pus was not nearly so abundant. *Ars. 2^c* was continued, at longer intervals, for four weeks, when the patient was discharged, entirely cured, with a pair of as bright and perfect eyes as it is common for a child to possess, and has remained in perfect health to the present date,—May 4th, 1868.

2. February 27th, 1868.—Was summoned to see Mrs. D., *aet.* 34, of nervous temperament and fretful, timid disposition. Had been suffering for two days with *neuralgic pains*, commencing in the right temporal region and rapidly extending over the whole of the right side of the head and face. Pains so intense as to distract the mind, causing the patient to resort to all manner of applications without the slightest benefit. She has lachrymation of the affected eye, with scalding tears. Paroxysms at 7 A. M., and continuing to increase in intensity till 11 A. M., then gradually subsiding until at 5 P. M. the patient is comparatively free of pain. Gave *Ars. 2^c*. At my next visit, at 12 M., on the following day, found my patient suffering still more; paroxysm commencing earlier and continuing longer. 28th. Gave *Puls. 2^c* two doses, one to be taken immediately, and the other after the paroxysm had subsided. Called about the same hour on the following day, and found my patient attending to her domestic duties. She had a slight headache about 9 A. M., which lasted but a short time, and was not sufficient to prevent her from attending to business. Has had no return of the disease since.—May 5th, 1868.

3. March 22d, 1868.—Mr. J. D., *aet.* 50, called at my office for relief from *neuralgic pains*, commencing in right temple

and eye, and extending laterally over the right side of the head and down to the superior maxillary bone. Pains most severe in the orbit and eye-ball, of a pressing character, with lachrymation of scalding tears. Pains commencing about 8 A. M., and increasing in severity till 12 M., then hastily subsiding; had been suffering thus three days previous to calling for medicine. Gave *Puls.* 2^c two doses, at intervals of three hours. On the following day, he had a very slight paroxysm, which was the last of the trouble, as he has had no return of the pains to the present date,—May 4th, 1868.

4. March 24th, 1868.—Miss E. C., a nervous young lady of 22 years, sent to my office for medicine for *neuralgia*. Her brother, in a brief note, described her case thus:

“Pains very severe, having lasted four or five days without intermission; confined to the right side of head and face, and most severe in teeth and jaws.” From this statement I could gather but little. I sent *Puls.* 2^c more on account of the temperament of the patient than from the symptoms given. On the following morning, March 25th, I was sent for to visit her, the messenger saying there was no improvement. I found her suffering great pain, principally in the jaws and teeth, and extending to the temple and eye. Pains continuous, but slightly relieved by either cold or warm water held in the mouth; feeling as though the teeth were elongated. Gave *Coffea* 30th, to be followed by *Bell.* 2^c if no relief in three hours. 26th, 11 A. M., found the patient suffering more than on the previous day; teeth so sensitive she could scarcely bear to close her jaws, though not a decayed tooth in her head; stiffness of the jaws, which prevented her from opening her mouth sufficiently for me to see her tongue. *Merc. viv.* 2^c was left, to be taken at intervals of two hours until improvement set in, and then at longer intervals. In six hours after, she sent a note to my office, stating that her relief was so prompt and decided that it would be unnecessary for me to visit her on the following day.

5. April 3d, 1868.—Was summoned to see Rev. Mr. S., aged about 45, of sanguine temperament. Had catarrh of the right nostril, with intense pain, of an aching, pressing, and throbbing character, in the right temple and eye, with involuntary discharge of acrid water from right nostril, which corrodes and scalds the parts. Pains described as intolerable, and had continued twenty-four hours when I called at 5 P. M. Left *Ars.* 2^c one dose, to be followed by placebo for three hours, when, if no improvement, one dose of *Puls.* 2^c followed by placebo till next morning. April 4th, 11 A. M., I found patient no better, had suffered terribly during the night, without remission of pain up to the period of my visit. Gave *Bell.* 2^c in water every two hours; called at 5 P. M. of same day and found my patient almost entirely relieved. He was able to attend to his clerical duties the following day, and has had no recurrence of the pain since.—May 4th, 1868.

6. March 24th, 1868.—Was called to Mrs. A., *aet.* 32, the mother of four children. Had a child at 7 A. M., followed by fever and thirst, with much pain in the left lung, accompanied by suppressed cough and headache. Gave *Bryon.* 12th. 25th. Some improvement; continued *Bry.* 26th. continued *Bry.* 27th. Patient had a violent chill, commencing at 7 A. M., lasting two hours, with much pain in lower lobe of left lung; respiration greatly oppressed, and still greater effort to cough. Gave *Phos.* 2^c 28th. Chest symptoms greatly relieved; gave placebo. 29th. Chill, anticipating two hours, but with less oppression than during the last paroxysm. *Phos.* 2^c one dose. 30th. Placebo. 31st. Chill more severe, commencing at 9 A. M., and lasting longer than the previous ones, followed by fever and headache, which lasted three hours, then perspiration, during which all the symptoms were relieved. Great thirst in the commencement of fever; drinking often, and much at a time. Gave *Nat. mur.* 30th. April 2d. Chill commenced at 7 A. M., more violent than the preceding ones, commencing in spine, and extending from thence over the body, pressing upon

the rectum, without being able to effect a stool, with some vomiting of bilious matter; blueness and pain in finger-nails. Guided by the last three symptoms, I immediately gave *Nux vom.* 2^o two doses, one just after the paroxysm and the other immediately preceding the next expected attack. April 4th, 12 M. Patient had a comparatively slight paroxysm, which lasted about half as long as the preceding one. Gave placebo. Visited my patient on the next alternate day, in afternoon, and found her down stairs; she had not had any symptoms of chill or fever.

I called in about a week after; the patient had felt no further symptoms of the intermittent, but had some cedema of the feet, for which she got one powder of *Ars.* 2^o and which entirely removed the swelling in four or five days. No further treatment up to present date—May 5th, 1868.

7. April 28th, 1868.—Called to see the child of Mr. E., a little girl aged 18 months; she had been having chills for about six weeks, which had been several times suppressed by quinine. She is now having chills every day, commencing at 12 M. and lasting one hour, followed by fever, lasting three hours, with much thirst during the fever, followed by perspiration, without thirst. Blueness of the lips and finger-nails during chill, with apparent aching in the limbs, as the child asks the mother to rub her limbs; sleeps much during fever. Gave *Nat. mur.* 30th. On the 30th, found the paroxysm something shorter, otherwise no change. Gave two powders of *Nux vom.* 2^o one immediately following the paroxysm, and the other a short time previous to the next attack. On the next alternate evening, I found my patient much improved. She had a very slight paroxysm after taking the first dose, but has had no return of chills to the present date—May 4th, 1868.

8. April 26th, 1868.—Lucy H., *aet.* 12, had been suffering for four weeks from constipation. Was taken, April 22d, with frequent inclination to stool, with much straining, accompanied by great pain and ineffectual efforts to evacuate the bowels. These symptoms continued to increase up

to the 25th of April, when she commenced to discharge small quantities of gelatinous mucus; stools occurring every few minutes, with great pain and tenesmus, causing her to scream out when at stool. Gave *Nux. vom.* 2^c, a single dose, followed by *Sac. lac.* In six hours after, she had a healthy stool, with but little or no pain. On the following day I visited her and learned that her bowels had not been moved since the stool on the previous evening, but, the patient feeling quite comfortable, I left no medicine, requesting her mother to notify me if her bowels should again become deranged. I have not heard from her to the present date—May 4th, 1868.

9. April 25th, 1868.—Mr. E. H., *aet.* 35, had dysenteric discharges for two days; rather copious stools, as often as every hour, with much tenesmus; stools of greenish mucus, streaked with blood. Gave one dose of *Nux. vom.* 2^c followed by placebo. On the following day his bowels were quite well and he required no further treatment.

A CASE OF HYDROCELE.

BY MAHLON PRESTON, M. D.

I WAS called to see a gentleman on the 27th of May last, whose condition seemed to indicate the approach of typhoid fever, but the case proving abortive, after the suspicious symptoms had passed away, he called my attention to an affection of more remote origin; an enlarged condition of the scrotum, of a dropsical character; in other words, an *Hydrocele*. This, according to the patient's account, was the trouble; but an inspection of the parts, at that time, would hardly have led immediately to such a conclusion, for the scrotum—although sufficiently enlarged to contain a large quantity of fluid—was hard, as though the testicle

filled the whole sac. An operation had been performed on two separate occasions, and a tea-cupful and a-half of fluid drawn off each time; the patient, however, being unwilling to undergo the usual after-treatment, on account of the urgency of his business, and a common suspensory bandage being the only after-appliance made use of. When I examined the parts, notwithstanding the general hardness, the testicle could be distinctly made out to occupy its usual position, and to be no more than the ordinary size; it was, consequently, not enlargement of the testicle, and the signs of inflammation and tenderness, which might have resulted from a badly-performed operation, were also not present. Besides this, the evidences of hydrocele *were* present.

A short time before I saw the patient, an attempt had been made to again evacuate the contents of the sac, but this proved unsuccessful, and the condition of the patient, at the time I saw him, had gradually resulted from the period of this third and last operation. I supposed that the fluid had effused from the sac of the tunica vaginalis into the cellular tissue of the scrotum, and advised that another operation should not be attempted, and suggested the possible efficiency of medication. To this he consented, and as the *left side* of the scrotum seemed most particularly affected and the patient had an extraordinarily *slow pulse*,* I determined to try the effect of *Digitalis*. A single dose of the 2^c was given and several days allowed for its action. No effect having obtained, I gave a dose daily, of the same medicine and potency, for several successive days. At the end of two weeks, the skin of the scrotum began to lose its tenseness and to become moderately soft, so that the opposite sides might be pressed together. My patient now thought himself well enough to travel, and did so, being supplied with several doses of *Digitalis*. In about three weeks afterward, he sent me word that his hydrocele had entirely disappeared.

* The objective hydropic condition also being indicative of the remedy.
—ED. H. M.

REVIEW.

ORGANOPATHY; OR, MEDICAL PROGRESS. AN ESSAY, BY WILLIAM SHARP, M. D., F.R.S. London. H. Turner, 77 Fleet Street.

THE LAST EVENTS OF 1867. THE TELE-MICROSCOPE OF GOTTLIEB JUNTZ, AND ORGANOPATHY BY WILLIAM SHARP, M. D., F.R.S. Dedicated to the Young Men, etc. Bœricke, Philadelphia.

In reviewing medical literature, there is the greatest difference in the difficulty experienced in analyzing and dissecting some works as compared with others. In many instances this difficulty is caused by the want of a clear method of expression on the part of the author, rather than from the nature of the subject, or the complexity of its details. Some writers have the happy knack of proceeding to the core of the new discussion at once, and this, apparently, is not so much the result of genius, as of a painstaking and laborious study, by which dexterity becomes, as it were, the offspring of constant labor. This facility of explanation is an important qualification in any writer who desires to be instructive, and is possessed, in an eminent degree, by the author of the pamphlet on Organopathy; and this excellence is made more apparent by contrast with the mystical wordiness of the brochure from the pen of Dr. C. Hering, on the same subject.

While admitting the claims of Dr. Sharp to a clear and lucid style, we cannot but regret many passages in this essay, which appear to reflect upon the intrinsic value of the labors of Hahnemann and his coadjutors; but before proceeding to discuss these, and the peculiar tenets of Dr. Sharp with reference to the application of Homœopathy to the cure of disease, we pause a few moments to give the opinion of Dr. Sharp (and in which we coincide,) on the advantages likely to be derived from the collateral sciences.

"That the application of the collateral sciences to the improvement of medicine is a move in the right direction cannot be doubted. Animal chemistry is a noble pursuit, and advantages are also to be derived from the observation of the specific gravity of fluids; from the application of acoustics in the stethoscope; of optics in the ophthalmoscope and laryngoscope; and of thermotics in the thermometer. Far be it from me to undervalue any of these sciences: they are lines of investigation worthy of being followed, but they can be of use to medicine only within their own proper limits. They may help in diagnosis, and they may now and then suggest a new remedy, but they can never teach a law of therapeutics. It is not in them to do this. On the contrary, they become hindrances and *ignes fatui* when they are lifted up out of their proper and subordinate sphere. The modern medical chemists, especially, err in this matter: they are like their predecessors, the alchemists, in the 16th century, who sought to transmute the baser metals into gold. The aim of both is an unattainable object, as that of children who plant stones and expect trees to grow out of them. That these sciences have failed as trustworthy guides in the treatment of disease, is manifest both from the books which have been written under their dictation and from the practice of the able men who have devoted themselves with assiduity to their cultivation."

We read on page 27 as follows:—

"Hahnemann had a visionary, unscientific mind, easily led away by loose analogies and imaginary resemblances, and, consequently, his writings contain uncritical observations, unproved assertions, unsound conclusions, and hasty generalizations. Moreover, even in his principal work, the *Organon of Medicine*, he cannot refrain from applying abusive epithets to his professional brethren, or from ascribing base motives to their conduct."

Willing as we always are to discuss scientific questions with coolness and equanimity, yet regard for truth impels us to express our indignation at the above paragraph. It may suit the object Dr. Sharp has in view, which appears to be to convert the allopathic members of the profession in England to a silent and deceptive practice of Homœopathy; but this should not be done at the expense of truth and of the reputation of our great master, Hahnemann, a reputation deservedly dear to every professor of his doctrine in this country. We enter our indignant protest against every line and every word of this passage, and beg to acquaint Dr. Sharp with our opinion that his essays, including the one now before us, are little likely to advance the progress of Homœopathy. This has hitherto depended, and still depends, on the industrious researches and conscientious observations of Hahnemann and his coadjutors, and on the labors of those who have followed in his

footsteps. Neither is the application of the law of the similars to the cure of disease likely to be much benefitted by the essays of Dr. Sharp. The history of the examination of one case, as given by Hahnemann, has been more beneficial and instructive in this respect than all the later writings on the same subject.

The assertions of Dr. Sharp have made us ask ourselves the following questions: Is all we have learnt from Hahnemann and practised so many years, a chimera? Is the law of the similars unscientific? Are his provings full of loose analogies and imaginary resemblances? Are his observations uncertain and his assertions unproven? Our answer is, emphatically, No! Has the knowledge imparted to us by Hahnemann failed us at the bedside of the patient? Have we found the properly-chosen remedy ineffectual? Have the labors of Hahnemann been so inoperative that we require this essay to remind us of this? We answer, No! On the contrary, the public owe the attempt at reform of Medicine in the old school entirely to him. Did not the old school treat all cases after the analogy of previous ones and the results of their experience in general, and employ drugs as remedies, without being able to give any why or wherefore for so doing, excepting that they may have been used on some former occasion with advantage? Was it not Hahnemann who taught that the treatment of disease by former experience was false and delusive, and that each new case has something peculiar or individual in its character, and that these peculiarities, resulting possibly from age, sex, mode of life, constitution, employment, and so forth, require to be considered, and the medicine chosen in exact accordance with the symptoms? In short, did he not teach individuation instead of generalization? If Dr. Sharp wishes to throw the blame of inefficiency upon the system left us by Hahnemann, we, on the other side, are led to apprehend that the fault must be in his own incapacities.

After lamenting the deficiencies of Hahnemann and the wants of the system of cure left us by our immortal leader,

Dr. Sharp proposes to supply the "Missing Link," as he terms it, by the assumed discovery that all diseased conditions proceed from one organ, or organs, in which the symptoms have their origin. He states (p. 36):—

"But there is a third path which, while it cannot be objected to as superficial, cannot, on the other hand, be condemned as speculative and hypothetical. By this path a search may be made after the seat of diseases—the organs in which the symptoms have their origin. For symptoms are outward signs of something signified within. We may not be able to find out what that something is, but we may learn where it is, and that is a step beyond the sign."

And this is the first outline of the panacea of our author for all the wants of the homœopathic school. This, which is nothing more than a "rifacciamento" of the "Localist" monomania which afflicted the old school some forty years ago in consequence of the labors of Broussais. In the words of M. Bouillaud:* "The grand triumph of medical science in the present century has been the localization of many diseases which were formerly considered essential, affecting the whole and every part of the frame, and the mighty champion of this all-important change is the immortal Broussais."

This attempt, then, to localize every disease, and to insist upon charging a solitary ganglion, a few vascular points, or some trifling change,—often only an effect, possibly an accident, or at best but an epiphenomenon—with all the onus and blame of causing long-continued diseased conditions, which our forefathers, perhaps less subtle pathologists but infinitely better logicians, denominated general or "*morbi totius substantiæ*" is nothing new, but is an exploded theory and one unlikely to be resumed, at all events, in the material form proposed by Dr. Sharp.

Our author states (p. 37) as follows:—

"I conclude, therefore, that the action of drugs upon the human body, whether taken in health or disease, is local."

Again:—

"This inquiry into the seat of the symptoms is rendered possible and

* *Essai sur la Philosophie Medicale*, Paris, 1836.

useful by two facts, the one that diseases have a local habitation, the other that drugs have a local action."

Again, on the same page:—

"Drugs, to be remedies, must affect the same organ as the disease affects."

We believe that these paragraphs contain the whole gist of the matter under discussion, and this may be summed up in the localizing of disease and drug action. This is the important step in advance which Dr. Sharp seriously calls real "progress."

Now is this a true state of the case as regards disease and drug action? Shall we be led away from the Hippocratic observation of nature, and of symptoms, by the *ignis fatuus* of pathological and morbid anatomy? We anathematize those narrow-minded theorists who can see nothing but local irritation and local diseases—those fantastic and perverse beings who assume that some materiality pervades some one or other of our various organs, and hence produces the phenomena we witness in disease. We, on the contrary, have always taught the utter uselessness of seeking for more in morbid anatomy than a knowledge of the means by which diseases have ultimately obtained the victory and triumphed over both art and nature.

The author proceeds thus, on page 38:—

"In Hahnemann's *Materia Medica Pura*, symptoms are put down as belonging to every organ and produced by every drug. Hahnemann has attributed to drugs a sort of general or universal action."

We admit this to be a fair statement. Dr. Sharp, on the other hand, would add the novel truism—which he calls a therapeutic rule—that "Drugs, to be remedies, must affect the same organ as the disease affects." This is true, also, otherwise no cure on the homœopathic principle could ever be made; but we cannot see the novelty of the rule. We, in our simplicity, had considered the minor proposition included in the major of the Hahnemannian provings. Had Dr. Sharp enunciated that medicines have a nucleus or starting point—a *punctum saliens* in the human economy—we should have agreed with him. This we have had frequently

to observe in practice, and we believe it is in the minds of all successful practitioners of Homœopathy; but to this point we shall revert.

While upon the subject of the numerous symptoms and their similarities contained in the provings of Hahnemann, we may observe that nothing has struck us as more curious and wonderful than the great number of characters or phenomena which are common to all acute diseases, while the individual manifestation of the disease in the case before us, will be found to differ, in some particular, from all other cases of the same kind. Now, it is from these phenomena common to all acute disease, with the peculiarities of the case, that we are to draw our indications for the choice of the remedy, and not from the local organic changes, which only take place at certain epochs of the original disease. Look at pneumonia, pleurisy, fever—indeed, at the majority of acute diseases—and endeavor to trace their causes. We shall find what Hippocrates long ago observed, that they are generally attributable to noxious atmospheric impressions that have disturbed the functions of our organs. But this is not the most remarkable circumstance respecting acute disease. If we watch the invasion, development, progress, form, seat and termination, we shall find but one continuous struggle of nature against a morbid cause. First, we have more or less of horripilations, chillings, malaise, oppression; indicating recoil of the fluids from the surface to the interior, all which denote the impression of a morbid cause. Next, we have restlessness, elevation of the pulse, heat, etc., in short, the phenomena of reaction, which is neither more nor less than an effort of nature to drive this morbid principle or cause to some point or other of the body. It is now, and now only, that the weakest organ becomes the local seat of the malady. Thus, then, we submit that, contrary to Dr. Sharp's doctrine, but in exact conformity with the provings of Hahnemann, when properly understood, all local affections are first, general affections, and that their localization is the effort of nature

to disembararrass herself of an enemy that threatens life itself. Hence, pneumonia is only a crisis or unfortunate localization of a general disorder, resulting from a morbid impression on the system, and although the disease is at this stage localized, yet we may see that the epiphenomena and the conditions, are equal in importance to the phenomena, as indications for the choice of a remedy.

And then the theory that diseases, when localized, can exist without the manifestation of epiphenomena, appears to us to be so utterly unscientific and so contrary to all we know of physiology and pathology and of the collateral sciences, that we are amazed that Dr. Sharp should have put forth a doctrine so crude and unsatisfactory. We, on the other hand, have always considered that no disturbance can take place in the human economy without its influence being felt in every part of the system, and that the same is true of drug action. We are of opinion with Babbage, whose theory we quote from memory, that no atom can be disturbed in place, or undergo any change in temperature, electrical state, or other material condition, without affecting, by attraction or repulsion, the surrounding atoms; these, by the same law, transmit the influence to other atoms, and the impulse thus given extends to the whole material universe. Thus every human movement, every organic act, every volition, passion or emotion, every intellectual process, every thought, is accompanied with atomic disturbance, and hence every such movement, every such act or process, affects all the atoms of universal matter. Though action and reaction are equal, yet reaction does not restore disturbed atoms to their former place and condition, and, consequently, the effects of the least material change are never cancelled, but in some way perpetuated, so that no action can take place in physical, moral or intellectual nature, without leaving all matter in a different state from what it would have been if such action had not occurred. Hence, not alone in the human conscience, or in the omniscience of the Creator, but in external material nature,

there is an ineffaceable, imperishable record, possibly legible even to created intelligence, of every act done, every word uttered—nay, of every wish and purpose and thought conceived by mortal man, from the birth of our first parent to the final extinction of our race,—so that the physical traces of our most secret thoughts and sins, shall last until time shall be merged into that eternity of which not science but religion assumes to take cognizance.

On pages 38—39, Dr. Sharp writes:—

“It prevents the accumulation of useless symptoms. This accumulation of symptoms is a growing evil. Already many drugs have more than a thousand symptoms attached to them in the provings; these no memory can retain. Every new experiment adds to this number and increases the labor of prescribing, and the perplexity attending the selection of a remedy. On the plan now recommended, every proving which decides the locality of the action of a drug is a definite gain: hundreds of recorded symptoms may be blotted out as useless, and to the medical man skilled in pathology and diagnosis, the toil and difficulty of prescribing is greatly diminished.”

While we regret the want of memory of our our author, we cannot admit the truth of his remark upon useless symptoms, which he terms “a growing evil.” We apprehend that Dr. Sharp has not acquired the art of enucleating and storing away in his brain those symptoms of drugs which are characteristic of the pathological symptoms met with in daily practice, or, perhaps, he may not see the pathological importance of apparently insignificant symptoms. We recall the remark of Hahnemann in the proving of *Phosphorus*, as an example:—“small wounds bleed much;” but what useful applications of these four words are being made in the cure of the hemorrhagic diathesis, by skillful homœopathic practitioners in all parts of the world. Now pathology and physiology are useful in teaching us to distinguish the important symptoms of drug provings; these are frequently sealed books to the provers themselves, for the invention and proving of remedies and the accurate knowledge of disease are not necessarily connected. Remedies and provings may be numerous and useless,

because the disease is misunderstood, and a disease may be well known and the remedy undiscovered.

We should like to ask Dr. Sharp what he considers useless symptoms. May we assume, as a type of these, that the ear symptoms of Kali bichromicum, set aside by Dr. Dudgeon, because he failed to see their application to the cure of diphtheria, were useless? Clinical experience has amply corroborated the importance of these symptoms and lives have been saved by this indication. Or, shall we expunge Natrum carbonicum, because Mr. Hughes has not pathological knowledge sufficient to teach him the application of this remedy in the cure of diseases, particularly of the uterus, and of sterility?

It is an excellent legal maxim, *de minimus non curat lex*, but, in the hands of nature, little and great are terms of comparison only. Nature knows no trifles, and her laws are as inflexible in dealing with an atom as with a planet. We assert, without fear of contradiction, that the drugs recorded in Hahnemann's provings do act in the way ascribed to them, and that there are really no useless symptoms, although our limited faculties may at present, and perhaps forever, remain incapable of weighing their exact pathological importance, either in acute or chronic disease. But our ignorance of pathology and consequent inability to assign definite importance or value to apparently insignificant symptoms, is not a reason for ignoring their existence in any exact view of the relations between drug force and disease, and we are not justified in assuming a symptom of disease, or of drug force, to be insignificant because its measure is unknown, or even because no physical effect can be traced as to its origin. Hahnemann, then, was right and strictly scientific, when he collected the whole phenomena of drug force and drug action, before proceeding to the analysis of them.

Upon the question of dose, our author has made a few suggestions, which we think of value, and we take the liberty of transcribing them at length (p. 47):—

"We have seen that drugs are characterized by acting locally, every drug being appropriated by one or more organs of the body. This local action produces disorder or disease, and thus each drug may be distinguished from the rest.

"It is surprising to find that different doses of the same drug are sometimes characterized in this manner also. They differ from each other by acting upon different organs.

"It follows, from the discovery of this fact, that these different doses need proving in health, as if they were so many different drugs. To this extent organopathy applies to doses as well as to drugs.

"Hahnemann has taken no notice of this fact. He has not even thought it necessary to tell us the doses which were used in his experiments. In many provings which have been made since his time, the doses taken have been mentioned; and some knowledge of the subject may also be gleaned from the writings of Christison and Pereira. But, for the most part, it is a mine unworked, which will reward labor.

"I have mentioned, on a former occasion, as examples, tartarized antimony, which, in one dose, acts on the skin, in another on the stomach, in another on the bowels, and in another on the lungs.

"Oxalic acid, which, in one dose, acts like opium on the brain: in another like strychnine on the spinal chord; in another like prussic acid on the heart; and in another like a mineral acid on the stomach. (Christison.)

"When different doses of the same drug act upon the same organ, they often act in a manner opposite to each other. This fact is better known than the one last mentioned. Familiar examples are: Opium, which acts upon the brain in different doses; one dose will excite and another stupefy.

"Digitalis, which acts on the heart, in different doses; one dose will retard and another accelerate its movements.

"Rhubarb, which acts on the bowels, in different doses; one dose will purge and another constipate. In Hahnemann's *Materia Medica*, which is the history of his provings, this antagonistic action is everywhere apparent.

"For instance, the secretions of the different secreting organs are both diminished and increased by the same drugs. These opposite effects are not connected, as I think they should be, with different doses: so that, as matters stand at present, a medicine might often be prescribed ostensibly on the principle of *contraria contrariis curantur*, quite as well as on that of *similia, &c.* The opponents of Homœopathy have not yet advanced this fact as an objection; should they do so, the reply is ready. This apparent inconsistency arises mainly from the use of different doses."

Again (p. 51):—

"I think it is clear that the only direction in which the various questions connected with doses can meet with satisfactory answers is that towards the drugs, and the provings of them in health. All efforts made in the direction of the patient have failed. And I believe that a rule for the dose will be obtained from the provings of different doses, in the same manner as a rule for the remedy has been found from the provings of different drugs.

"It is certain that drugs act upon the same organs in sickness that they act upon in health.

"It is also certain that different doses of some drugs, given in disease as in health, act upon different organs. In so far as this is the case, they must be treated as if they were different drugs, under the guidance of organopathy."

Again (p. 52):—

“I think the kind of action on the same organ characterizes the dose, but additional provings are needed to establish this. What I mean by kind of action will be best explained by examples. It is well known that Belladonna dilates the pupil, and that Opium contracts it. But these effects follow only certain doses of these drugs—other doses produce the opposite effect—so that belladonna sometimes contracts the pupil, and opium sometimes dilates it. When the doses which respectively produce these effects have been better determined, this knowledge will help in the choice of the dose. If the dose of belladonna which dilates the pupil is larger than the dose which contracts it, then the dilated pupil will indicate a larger dose as a remedy than a contracted pupil. And if opium reverses this action, and a larger dose contracts the pupil than that which dilates it, then the indications for the dose of opium as a remedy will also be reversed. This will be organopathy as regards the iris, and Homœopathy as regards its contraction or relaxation, the kind of action.”

Again (p. 58):—

“If we aim at certainty in our practice, the limits of our range of doses, as remedies, should be nearly—they cannot be exactly—the same as those adopted in our provings.”

And on page 59 the author writes:—

“We depart from our principle when we give doses very far removed from those which have been proved.”

There is a great deal that is worthy of careful thought in these remarks, and we recommend them to the consideration of the profession. Certainly the subject of dose is open for discussion, and we shall be glad to receive communications relative to this question from our enlightened coadjutors in the cause of medical truth, in theory and practice.

We regret that the line of our duty to the profession and the cause which we uphold, should oblige us to a discussion of the pamphlet put forth by Dr. C. Hering. We have (personally) been careful not to participate in any of the petty feelings which obtain from time to time amongst some members of our profession in this city. *Amicus Socrates, amicus Plato, sed magis amica veritas*, has been our motto. We are not, then, advocate of any party, of any order, of any corporation, but the advocate of the whole profession.

We have had little hesitation in expressing our opinions of the views of Dr. Sharp, but we fully acknowledge that they are proper subjects of discussion, and that these have received benefit from the "Sharp" inquiry into first principles thus forced upon the homœopathic world. In fact, the homœopathic mind is apt to "rest and be thankful," and requires an occasional stimulus to call forth its reflections. Thinking in this manner, our readers must imagine our surprise, for we fear being able to express it, on perusing the brochure on "The Last Events of 1867. The Tele-Microscope of Gottlieb Juntz, and the Organopathy of Wm. Sharp, M.D., F.R.S. Dedicated to the young men of this country, our hope, our pride, not written for the incurables, either in the old or new world."

Between the above commas our readers will find the whole contents of the title page of this work.

Now, why the "young men" should have been chosen as the only fitting recipients of so much pretentious wisdom, we are at a loss to understand. Is it that the young men are presumed more likely to fall down and worship King Log? Or, is it the desire of our author to save the rising youth from the fate of Absalom by lending the paternal shield of wisdom and gray hairs? "Oh! Absalom, my son, my son! Oh! Absalom, my son!" "If thou hadst worn my perriwig, thou hadst not been undone."

Or, is it supposed that an old physician has nothing to learn, or that his ample experience furnishes him with all the wisdom and knowledge required for his daily pursuits? Or, that all old physicians of an age, in fact, to think for themselves, and not be led away by a name and an assumption of superiority—based principally upon a mystical much-ad-about-nothingism,—are classed as "Incurables?"

On purchasing the "Tele-microscope" and the "Organopathy of Wm. Sharp, M.D., F.R.S.," for so the title page sets forth the contents of the pamphlet, we thought we were acquiring the real work of Dr. Sharp, which we much wished to possess. Our disappointment was great to find on peru-

sal that it was not what it professed to be on the title page, but was intended for a criticism, a review, a satire or a buffonata, for we scarcely know how to class it, upon the essay of Dr. Sharp and signed on the last page only, "Constantine Hering, M.D." The publication under a deceptive title page, may doubtless induce a large sale to those anxious to possess the essay of Dr. Sharp, and who possibly might be less inclined to spend twenty cents unprofitably upon an emanation from the pen of Dr. Hering, but we doubt the fair dealing of the proceeding. We have always understood it to be a rule that the title page shall convey a just meaning of the contents of the work, and when the name of the author is published, that name is usually printed on the title page, and we were disappointed by its omission in the present instance. Certainly if a large sale is the object of the author—and we observe the work is stereotyped—then doubtless this object is more likely to be secured by this plan than by any other, because we know that a number of professional brethren are anxious to possess the essay of Dr. Sharp. This style of selling both pamphlet and purchaser at the same time, may be a good stroke of business to the author, but is not pleasing to the victim.

Our feelings of indignation have not been calmed, we regret to say, by a perusal and re-perusal of this pamphlet, and happy would it have been for the reputation of the author had it never seen the light. Herein we find expressed professional jealousy, rancour, stale wit and pseudo philosophy in every page; unwarranted assertions and dirty jests. We find an illustration of the style of the jests in this pamphlet on page 16. Our author says:—"And the lines fifteen from above until fifteen from below (in the Organopathy of Dr. Sharp) are a handful of slanders of a material of defense like the monkeys use, it is said, while hanging in the trees,"—referring to the practice of pelting with ordure described by travelers as prevalent amongst monkeys, and which our author possibly may have learnt

during his tropical experiences. Again, on page 8, our author, with an unseemly and miserable attempt at wit, plays upon the words, "Horns of the dilemma," made use of by Dr. Sharp, and tells him—"the horns he may keep to himself of course both." Now this twisting of an argument which offers two alternatives (the horns) each of which is equally conclusive, into an offensive imputation of cuckoldom,—for this is the meaning of Dr. Hering—is such an outrage on good taste, good breeding and the usual courtesy which should prevail, that we fear either that Dr. Hering never possessed these qualities, or that by evil communications his good manners have been corrupted.

And then what shall we say, to the coupling together the mythical tube of Juntz with the suggestions of Dr. Sharp. Is not this an outrage on the common sense of the profession? What a stale and unprofitable joke is thus attempted, and what good can result from such buffoonery? Has it succeeded, or is it likely to succeed in depriving Dr. Sharp of the reward of the approbation of his professional brethren in the old world. We think not, for we have reasons for believing that the sale of this pamphlet, by Dr. Hering, has been refused by all the respectable houses in England, who deal in homœopathic literature.

And then the subject is one which must ever remain open to discussion, and we owe a debt of gratitude to any member of our body, who will either advance a new idea, or make a fresh application of well known theories, with a view to the improvement of practice. Advancing knowledge may render modifications in practice or teaching incumbent upon us. And was there no other way of meeting the arguments of Dr. Sharp than by ribald jesting, or by throwing discredit upon Gottlieb Juntz by the unwarranted assertion that his mother was "a washerwoman in the house of the great Goethe, who had to wear a clean shirt like other people?" Again, the fun about the price of Dr. Sharp's essay, "all for six-pence." Does Dr. H. wish us to infer that it is too much or too little, and what has the six-

pence to do with the argument? Does he envy the profit Dr. S. is likely to make out of it, or does he think that twenty cents, the price of his own trashy production, is a more respectable figure?

And how unfair is the plan of Dr. H. (adopted in this pamphlet) by which, while he appears desirous of answering Dr. Sharp, he avoids giving the quotation at length, as is customary with reviewers, but refers to it in this manner—"page 28, lines 2 and 3 from above." We protest against this mode of proceeding, because the author might or should have known that the essay of Dr. Sharp on Organopathy was not for sale in this country. Consequently the purchasers of the Tele-microscope and Organopathy, when they discovered their mistake, had no means of procuring the antidote to the venom of Dr. H.'s pen. For our own part, we hastened to the store of Dr. Boericke and asked for it. We were told that he had it not, but had sent for fifty copies which would arrive in a few weeks; this was in April. At Tafel's there were none for sale. We then wrote to C. H. Smith, of New York, and were kindly favored with the loan of a copy, the property of Dr. Smith, the same not being for sale. Hence the malignity of the plan adopted by Dr. Hering of assailing a work neither quoted at length nor to be obtained in the community, becomes apparent to the candid observer. Is this plan of burkeing absent professional brethren to be tolerated, and to take the place of the courtesies of life, which, admirable in every class, should be more prized and practised by the members of a learned profession than by others.

Then what a style of comment runs through the pages of Dr. Hering. He quotes Dr. Sharp's saying, "this is common sense." Dr. Hering writes after it, "price six-pence." Is this the way to answer the assertion of Dr. Sharp? The question to answer by Dr. Hering was,—is the remark and its application common sense or not? If not, then why not? What has price six-pence to do with it?

We ask our homœopathic brethren whether we should

remain still, and allow this brochure to go forth as an uncontradicted representation of the feelings of our class. We appeal to the generous and manly feelings which characterize the medical profession in this country, against the tone and the style of Dr. Hering's pamphlet,—which we consider a disgrace to the literature of any school of medicine. We submit that the practice of medicine is one involving the most serious responsibility, and should never be approached in a ribald or jesting spirit. If but one grain of gold is to be acquired amongst the heap of sand, in the writings of our professional brethren, we should seize the gold and be thankful. The medical practitioner is entitled to appropriate to his own use for the benefit of humanity, the results of all the inquiries made, at different times, by distinguished observers, upon the symptoms of diseases and drugs, with the course and causes of disease and with the precepts of treatment which they may have recommended. To become a skillful practitioner, he must understand how to bring this knowledge into operation, and be ready in applying it in each particular case. This latter and most important talent can only be acquired by extensive study and practice at the bedsides of patients. Cicero said well, "*nec medici, nec imperatores, nec oratores, quamvis artis præcepta perceperint, quidquam magnæ laudis dignum sine usu, et exercitatione consequi possunt.*" Now it is to the difficulty of applying homœopathic medicine to the cure of acute disease that Dr. Sharp calls the attention of the profession, with the object of simplifying the application of the knowledge of drug symptoms. Surely the effort is a laudable one, even should it prove unsuccessful.

How is Dr. Sharp's statement of the difficulty of remembering the effects of hundreds of drugs and thousands of symptoms, met or rebutted by Dr. Hering. Dr. Sharp states "No man's brain is large enough to contain the memory of the symptoms." Dr. Hering cites the voluminous classifications of the astronomers, the chemists, the botanists and the zoölogists, and Dr. Sharp is recommended to come and

look at "the brain of our Leidys and Danas which contain not only all this, but a great deal more besides." Now really this is no answer to the question or solution of the difficulty. Are chemists called upon to practice their art at the bedside of dying humanity? Classification is one thing, but the application of knowledge by the bedside is another and very different matter.

Assuming, then, the difficulty of remembering the drug symptoms, Dr. Sharp proposes to facilitate the selection by inscribing primarily on the memory the organ where the activity of the drug manifests itself,—in our own words, the *punctum saliens* of the drug—and is this ludicrous or a fit subject for ridicule. We think not, and will say that amongst skillful practitioners, treating acute diseases daily, some kind of analogous mental operation does take place. For example, in pleurisy, when in the presence of the case, we think immediately of Aconite, Bryonia, Phosphor, etc. Then comes the selection of the remedy, and here the epiphenomena and the conditions will be of as much importance in the consideration of the disease and of the drug, as the locality or the pains. Do we think of Sepia. Aurum or other drugs in the presence of such a case? Certainly not. The tyro might, but not the practised prescriber.

We dismiss this painful subject, and could wish to banish it from our memory, but it reappears like a hideous dream. Is this the work of Dr. Hering, a name we had always respected as one of the foremost in our ranks; the introducer and prover of Lachesis and Apis? Is it possible that the moral nature of the man has become so changed, and his perceptions so blunted, that he fails to see his duty to his neighbor, his professional brother and to the medical profession of which he is a member? Or has the doctor remained under the influence of Lachesis ever since the proving? *Esprit de critique envie de blamer et de faire des reproches*, (Lach. 1,) with arrogance, spirit of domination and intolerance of the opinions of others, are moral symptoms of this drug,—

if so, it affords another instance of the lasting effect of the remedy.

We had expected that Dr. Hering would have discussed the paragraph by Dr. Sharp (p. 51), wherein Dr. Sharp writes:—"Such of my readers as are of a speculative turn of mind may engage in a series of experiments to discover if possible whether the mechanical force developed in the trituration of drugs has any effect upon them besides the minute division of their particles, whether any drug force is generated after the theory of Mr. Grove, which he calls the correlation of forces, and whether the nerve force of Dr. Carpenter has any special relation with this force." Here, we submit, would have been an admirable field for airing the science of our author. Why did he not avail of the opportunity to instruct his brethren in the profession who are hungering and thirsting after knowledge on this matter? Failing a Brogdignaggian argument from our author we will endeavor to add a Lilliputian mite to the accumulating information on this subject. Dr. Grove tells us (we quote from memory) the conditions under which heat may be developed by electricity, and electricity by heat, and that when mechanical force is retarded by friction, we have a development either of heat or electricity. Heat being developed when the two rubbing surfaces are of the same substance or homogeneous, and electricity when the substances are different or heterogeneous.

Dr. Carpenter says that "nerve force is capable of developing electricity, as well as light and heat, and is capable of being called forth by the action of light, heat, electricity, chemical affinity or even mechanical motion on the nervous tissue," and we would add, the homœopathic infinitesimal dose. Dr. Carpenter continues: "the correlation even of electricity and magnetism not being more complete than the correlation of electricity and nerve force may be shown to be."

Mechanical division by succussion and shaking will give us the eventual division of the matter of the drug into its

ultimate atom. And as it is a law of matter that each particle may be considered as possessing a separate individuality, since we can predicate of its properties all that can be said of the largest masses, then it follows that the molecule, particle or atom of Calc. carb. has all the properties of a crystal of this substance of any known dimensions. So much for division. The next consideration is, what other effect is produced by the friction of the two substances, the drug atoms and the alcohol. Why, electricity, which we have seen is produced when two differing substances are rubbed together, and which is also a correlative of nerve force. Consequently, then, atomic division having been arrived at by division and friction, the added force is that of electricity, and thus it may be that our remedies act, like electricity, mental emotions or even mechanical force, that is dynamically and not organically and without causing any perceptible material change in tissues or fluids of the body.

Eventually we may look to the establishment of the theory of one general force in nature, which force, operating on inorganic matter, causes the phenomena we class as chemical affinity, heat, electricity, etc., and which, when acting in organized beings, produces the phenomena of growth, development and the like. Of this force we can never know anything but in its relation to matter. We conclude in the words of Goethe:

Wie Natur in Schaffen lebt,
Und es ist das ewig Eine
Das sich vielfach offenbart.

W. L. A.

NOTICE TO MEDICAL STUDENTS.

Malcolm Macfarlan, M. D., Professor of Surgery in the Homœopathic Medical College of Pennsylvania, will receive a few students into his office, for private instruction in surgery, the use of instruments, ophthalmoscopy, laryngoscopy, etc. For terms, etc., application may be made to Professor Macfarlan, at 1136 Girard Street, Philadelphia.

THE STUDY OF PATHOLOGY.*

BY J. H. P. FROST, M. D.

IN the seventh, February, number of the first volume of the "Monthly," attention was invited to the very valuable work of *Virchow*, and a brief historical account given of the rise and development of the Cellular doctrine in Physiology and in Pathology. The recent appearance of the *Seventh American Edition* of these lectures, affords opportunity for a continuance of the discussion then begun, but not completed.

The large demand for this work is not confined to the allopathic portion of the profession. Very many homœopathic physicians find time to peruse this and other truly scientific books on the collateral branches, and find their time well and profitably employed in so doing. These, whom we number among the most intelligent members of the profession, can scarcely expect to see anything new to them in the present article. But we especially desire to persuade others of our professional brethren, that most important information may be gleaned from such publications, which, from being strictly scientific, have in reality much more affinity with Homœopathy than with Allopathy; that an accurate knowledge of these collateral branches of medical science forms an indispensable prerequisite for the highest success in general practice; and that between physiology, pathology and Homœopathy, there exists an intimate, profound and all-pervading connection. The nature and importance of the cellular doctrine in physi-

* CELLULAR PATHOLOGY, AS BASED UPON PHYSIOLOGICAL AND PATHOLOGICAL HISTOLOGY. Twenty lectures delivered in the Pathological Institute of Berlin. By RUDOLF VIRCHOW. Illustrated by 144 engravings on wood. *Seventh American Edition*. New York: Robt. M. DeWitt, Publisher, No. 13 Frankfort street.

ology and in pathology, is now well understood. And in continuance of the article above referred to, the limited space which can be allowed for the present paper, will be devoted to the illustration in brief of the relation which these two branches of natural science sustain to Homœopathy. And in this, respect will be had both to the greater degree of confidence which such intelligent understanding of the true relations of the homœopathic system cannot but confer upon the practitioner, *i.e.* to the *edification* of the physician, and also to the establishment of Homœopathy itself upon those cognate sciences which become its natural and secure foundation stones.

The law of the similars obtains in physiology, as well in its grand phenomena of reproduction, as in its gradual and successive processes of nutrition. And the same law holds good in pathology, alike in nutrition and in reproduction. In physiology we find three distinct categories.

I. The *Vital Forces*, which consist, in part, of what are termed the "forces of nature," which flow into man from the inferior world and its lower organizations; and, in fact, of those spiritual influences (*influx*) which flow into and sustain man's higher nature, from the spiritual world and its superior orders of being.

II. The *means, instruments or organs* (which compose the entire body) with which these vital forces work; and

III. The *results* obtained from such employment of these organs and of the whole body, by these combined vital forces; results which constitute the various latitudes of the normal state of physiological health, both in the nutrition of the individual and in the reproduction of the species.

In pathology we readily discern three exactly corresponding categories.

I. The *forces of life*, exalted, depressed, or otherwise disordered by influences from within or from without, from above or from below.

II. The *organs* and the entire body, in consequence

deranged or diseased, more or less sensibly, functionally or structurally; and

III. The *results*, the various forms of (acute or chronic disorder, or so called disease) *poor health*, manifested in the individual nutrition and in the reproduction of the species. For in all these cases, as well the pathological as the physiological, similar vital forces are transmitted, similar organs created, and similar conditions of health established.

The same law of the similars obtains in therapeutics,—which may be represented by the apex of a pyramid, whose basement angles are physiology and pathology. The whole is constituted by the sum of all the parts;—and each minute cell becomes the theatre wherein the vital powers operate; furnishes them with the organic materials for their operation, and in its own changed condition presents the results of such operation. The winds of heaven cannot be imagined to be more tenderly tempered to the shorn lambs, than are the gentle influences of the homœopathic medicines adapted to modify the delicate vital forces which operate in these infinitesimal structures, and to produce in them the desired changes. The pendulum in the fable, which stood appalled at the thousands of strokes it was required to make in a single day, was comforted by the suggestion that it had to make but one stroke at a time. So the medicinal influence which may subdue the most violent form of disorder, does not require to be capable of at once powerfully affecting the whole body; but only of modifying individually and successively the minute cells of which it is composed.

And as each part, and the entire body, is nourished by means of food taken up and given out through the innumerable and invisible pores of the blood vessels; so each minutest portion, and the whole body itself, when disordered, is affected by medicinal influences brought to bear upon the individual microscopic cells, which compose the body's every part, and its entire totality. And the same law of the similars, which belongs alike to the reproduction of the species, to the nutrition of the individual and to the reproduction

and nutrition of the individual cells, in their normal state, controls also the *regeneration* of the constituent cells, of every organ and part of the body, and of the whole body itself, when disordered. Such *regeneration* from morbid conditions, when carried on in accordance with nature's method,—which is at the same time the best possible and the only effectual one,—becomes a branch of nutrition itself, and subject, therefore, to the same law of the similars; with this difference, however, that as the original normal nutrition is primary and maintained by the direct and primary action (assimilation) of appropriate articles of food; so the normal regeneration of morbidly affected parts becomes a secondary action, and is maintained by the secondary action (reaction) of the corresponding medicinal substances.

In Virchow's Lectures, the physiology—and especially the pathology of the cell, considered as a distinct vital organization, is sufficiently illustrated; and he shows that all the morbid processes which take place in it, and the various pathological formations which result, are similar to those which are normal and physiological. This same subject, since the publication of these lectures, has been pursued much farther by an English author, Dr. Maudsley, whose important work on the "Physiology and Pathology of the Mind" has already been noticed in the *Monthly*.* This able writer, considering the cell constituents of the brain as organs of mental and moral, as well as of physical action, derives mental derangement, and even moral disorder, directly from their physical disorganization. Mental and even moral disorders are often, no doubt, the consequences of physical degeneration of these minute organs. But the converse of this—as boldly assumed by Dr. Maudsley—that mental actions and moral emotions are merely the results of the functional energy of these organs, can only be admitted by those who are prepared to accept the ultimate conclusions of the most absolute materialism.

* Materialism and Science, *Hah. Monthly*, Vol. III., No. 2.

THE HOMŒOPATHIC MEDICAL COLLEGE
OF PENNSYLVANIA.

THIS, the parent Homœopathic Medical College of the world, will open for its twenty-first annual session on Monday, October 12th, 1868, at which time the Introductory Lecture of the course will be delivered by the Professor of Anatomy. The results of the labors of the past session are very gratifying, inasmuch as the faculty have assurances from almost the entire class of graduates, that they are well placed and reaping the advantages afforded them by the instruction imparted in this institution. It will, undoubtedly, be a source of pleasure and pride to the hundreds of graduates and other friends of the College to learn, that the prospect of a large and brilliant class, during the coming session, was never exceeded.

Many additions and improvements in the course of instruction, and the materials for practical demonstration, have been in contemplation and will be carried out, and every opportunity afforded the student for gaining all the knowledge possible to be acquired during the period of the novitiate.

In consequence of the resignation of the Professors of Practice and Chemistry—the former having accepted a similar chair in the New York College, and the latter being incapacitated by the necessity of close attention to other business—it became the duty of the Board of Trustees to endeavor to supply the places vacated; and this, it affords us much pleasure to announce, has been done in an exceedingly satisfactory manner. T. DWIGHT STOW, M. D., of Fulton, New York, has been appointed to the chair of Homœopathic Institutes, Pathology and the Practice of Medicine, and PEMBERTON DUDLEY, M. D., of Philadelphia, to the chair of Chemistry and Toxicology.

To those who are acquainted with these gentlemen, no

words of guarantee of their faithful and able performance of their duties are needed. Dr. Stow is a prominent physician of Central New York, who, in accepting the appointment, proposes to make his home in the City of Philadelphia. He brings to his professorship a matured mind and a judgment ripened by a varied and extended experience, and the students who may have the pleasure of listening to the instructions from this important chair, will have the assurance that they are deriving a knowledge of the best and purest homœopathic treatment of diseases.

Dr. Pemberton Dudley is a graduate of the College, an excellent lecturer, a thorough chemist and a practical physician; competent to form a correct estimate of what will be of the most practical importance in chemical science, to the physician, and able to impart it.

Thus, with a thoroughly organized and qualified corps of teachers, and with increased facilities for imparting instruction in every department of medicine, this institution may be safely said to present unusual advantages, when compared with all others.

"The faculty of the Homœopathic Medical College of Pennsylvania will teach the true principles of pure Homœopathy, as left us by Hahnemann. The question of dose and potency must be left open to the judgment of the graduate and practitioner, until finally settled."*

This is our platform, our basis of teaching, our shibboleth; on this we stand, and to this we shall adhere; by this we have succeeded, and will succeed: whatever, dictated by interest or malice, may be said to the contrary, notwithstanding.

DEGREE CONFERRED.—At the last commencement of the University of Acadia College, Nova Scotia, the degree of L.L.D. was conferred on Lancelot Younghusband, A. M., M. D. Dr. Younghusband is a distinguished homœopathic physician of Michigan.

VOLUME FOURTH.

WITH this issue, the *Hahnemannian Monthly* enters upon its fourth year of journalistic life. It has been, and will continue to be, the organ of the Homœopathic Medical College of Pennsylvania, advocating the same doctrines, principles and practical rules that have been, and will continue to be, taught by the Faculty of that institution.

From the fact that the Faculty of the College, and its organ, the *Journal*, have never for a moment, or in the slightest degree, deviated from their originally avowed designs and principles, as previously and frequently expressed, it may be readily inferred that the same plan, shall be carried out in the future. This continued adherence to the promulgation, both in the College and in this *Journal*, of the doctrines taught by the founder of our school of medicine, had been deemed necessary as a possible corrective of the growing evil—creeping upon us like a chronic malady—of the abandonment of some of the vital principles of Homœopathy, and a desire to surrender our school into the hands of Eclecticism and Allopathy, by dropping such doctrines as are most objectionable to them, and, in the same degree, essential to us. When, therefore, in August, 1865, this apparently frail bark was launched, it became a question in the minds of its friends and well-wishers, whether or not it would be engulfed in the tempestuous billows of conflicting human opinion. It has, however, been nobly supported, and is now in a very gratifying condition of prosperity, and consequent usefulness; and, to our many friends, subscribers and contributors, we take this opportunity of returning our sincere thanks for the generous aid they have rendered the undertaking.

The tendency to forsake Homœopathy, on the part of some individuals and institutions, is not, as some may sup-

pose, a phantom of the imagination, but an unblushing and disagreeable fact; and the necessity of combatting the errors of the would-be defectives, exists now more strongly than ever. The efforts to conciliate and compromise with the old school, openly, avowedly and officially made in Europe, and tacitly and individually in this country, are startling, and the defenders and champions of Homœopathy need to look well at the situation. Is the term Homœopathy the formula of the law of cure, or is it only a part of a composite system, made up of a mixture of all the so-called principles of medicine, living and dead? Was Hahnemann wrong, and have his followers been wrong for upwards of a half century? These are questions that must now address themselves to the minds of all thinking practitioners, and be answered.

A recent correspondent of an Australian medical journal (*Allopathic*) writes:—*

“I visited, when in London, the Homœopathic Hospital. . . . I saw a case of secondary syphilis with mucous tubercles. For this I heard prescribed black wash for external application, and for internal use *mer. sol.*, 1 gr. *sacch. gr. x.* of this decimal 5 grains containing half a grain of the mercury three times daily. I saw a case of glandular enlargement in the neck, for which tincture of *iodine* of the Pharmacopœia was ordered, to be painted externally. In two others, for continued sleeplessness, I heard and saw prescribed the following recipe: *Morphiæ acetatis*, gr. I.; aq. vi. oz. *salve Signa*; take a teaspoonful every fifteen minutes till asleep. . . . I conversed freely with the medical men attached to the institution. I found one an intelligent man, who repudiated, *as indeed did all*, the fallacies and absurdities of the dilutions of Hahnemann, the founder.

. . . . “After all the humbug practised by these traders on the credulity of the public, they have at last returned to the use of the drugs of the rational school in appreciable quantities. But is it just to delude the ignorant with the name of Homœopathy as something new, and in practice to prescribe as above? The old *effete* system of globules did not answer—people could not reason on it, and this is not an age of faith! They, therefore, now practice a strange jumble—no one knows what; they have no settled rules; they are guided by rational experience, for Dr. Y—— said to me: ‘I have found this answer very well on several

* From the *Monthly Homœopathic Review*. London. June, 1868.

occasions.' I am afraid, without doubting the honesty of the men, I am forced to the belief that when I left home I left this Homœopathy humbug—when I return I find it knavery!"

That this treatment was really pursued in the hospital named, appears to be a fact, inasmuch as it is not denied by the editor of the English journal in which the letter appears. In commenting on this letter, the editor of the *Review* says (p. 327):—"We do not wish to say one word against the propriety of the treatment referred to in the above extract." (The italics are our own.) "Nevertheless, it cannot be denied that it was calculated to make an unsatisfactory impression upon an allopathic visitor." "Nevertheless, the treatment referred to was, in two cases, at any rate, far too like Allopathy to be advisable in a homœopathic hospital." And again, for fear he should even be suspected of any desire to condemn this modern Homœopathy (p. 329):—"We trust our readers thoroughly understand that we have no wish to object to these methods of treatment *per se*."

Here, then, we have thoroughly allopathic and non-homœopathic medical treatment pursued in a hospital purporting to be homœopathic, and a popular, widely circulated and ably edited journal purporting to be homœopathic, tacitly endorsing the same, or refusing to condemn it. It is but fair that we should add, in justice to the *Review*, that the editor demands that cases treated as above shall not be classified as cases treated homœopathically, but that does not seem to us to mend the matter. Is it not time, then, to examine the situation, and is it not meet that anything or any person, however feeble, endeavoring to stay this current tending so powerfully allopathy-ward, should be sustained?

That there is a systematic attempt being made by some practitioners of our school to conciliate the prejudices of the allopathic fraternity to certain homœopathic principles, and combine with them, is very evident. The following extract, from the same article above quoted, gives abundant evidence of the truth of this statement:—

"Dr. Yeldham, in his excellent speech at the annual meeting, referred to the stirring up of inquiry which is going on at present, and to the pos-

sible expediency of a middle school, which would embrace both homœopaths and allopaths; and Dr. Reith, in his article on *Aconite*, in the April number of the *Edinburgh Medical Journal*, says that he knows many homœopaths who are prepared for a coalition. It is quite possible that these gentlemen are right, and we have not the slightest doubt that some such step would be fraught with incalculable advantage to practical medicine; nay, more, we are convinced that the day will come when the names—or, more properly, as Dr. Dysdale says—the *nicknames* of homœopath and allopath will cease to be used.”*

This is certainly direct evidence of “rottenness in Denmark,” and of the necessity of an attempt to cure it. As teachers in a Homœopathic Medical College, and as publishers of a Homœopathic Medical Journal, we shall endeavor to promulgate, advocate and defend, as heretofore, true Homœopathic principles—the *law of the similars*, the *single remedy* and the *dynamised medicine*†—as enunciated by Hahnemann, not because they are the opinions of a great man, but because they are the fundamental principles upon which rests the whole superstructure of the art of healing; demonstrable in theory and abundantly proved to be true and co-extensive with disease, by practical experience; and we shall not set them aside for Allopathy, Eclecticisim, or even a “variety of opinions.” In this cause we call on all the friends of Homœopathy to sustain us.

* We have no objection to the abolition of the term “homœopathist,” as applied to a member of our school. We are physicians, healers of the sick, and doctors of a true system of medication; but we hope that the day is so far distant that it will never come, in which the terms Homœopathy and Allopathy shall be regarded as synonymous.

† By dynamised medicine, we do not mean the strictly so-called “high potency.” The question of dose is open, and is to be settled by time and experience. Dynamisation, however, is an essential principle in Homœopathy, as expressed in the admirable paper of Dr. Blakely, published in this number. The low potentist, who prescribes the 3d or the 6th centesimal, cannot fail to believe that his medicine, in these doses, acts from some power developed in it, and not from its materiality. That it does act, is, we suppose, beyond the possibility of doubt in the mind of any practitioner.

THE HAHNEMANNIAN MONTHLY

Vol. IV.

Philadelphia, September, 1868.

No. 2.

THE CERTAINTY OF MEDICINE.

BY ADOLPH LIPPE, M. D.

IN an essay on the "Certainty of Medicine," presented to the public by Dr. Peter John George Cabanis, in 1791, we find in the concluding 10th section, the following: "*I dare make bold to predict that together with the true method of observation, the spirit of philosophy which should always predominate in it, will soon revive in medicine, and that the science will assume a different aspect. The various fragments of which it is now constituted will be assembled, in order to frame with them a system, simple and fruitful as are all the laws of nature. After a faithful examination of all the facts, and after they have been verified and compared, they will be linked together, and referred to a small number of principles, fixed or susceptible of little variation. The method of this investigation, of uniting them by their analogies or differences, of deducing from them general rules, which will, in fact, be but a more precise detail of them; this method, I repeat, will be carried to a higher degree of perfection. The more impor-*

tant and difficult art, that of applying these general rules to practice, will be simplified. From all this it will naturally follow, that the physician will not be under the necessity of creating for himself his method and means of cure, of forgetting what he has learned in the schools in order to seek in his own sensations a knowledge of that which he would fail of acquiring from the sensations of others. I allude to descriptions not merely correct and minute, but constituting by union a whole, of which the different parts are well linked together. When this is attained it will not be necessary that talent should be incessantly substituted for the art—this latter, on the contrary, will sometimes create, and even appear in some instances to be substituted for, the former. I am far from believing it possible, however, that by the precision of the art, we shall ever be enabled to supply the advantages of a sound judgment, or the combination of happy genius, but they will prevent the judgment from continuing to be misled by vague and incoherent images, and genius from being bound down to the most fallacious rules; they will consequently in future encounter no obstacles to their entire development. Slender minds will thus perform with facility, what at the present period is attained with difficulty by the most intelligent—and the practice of medicine, divested of that trash by which it is now obscured, and reduced to indications, simple, distinct and methodical, will thus acquire the degree of certainty at which, owing to the changeable nature of the objects on which it is exercised, it can reasonably be expected to arrive.”

Can there be a single homœopathist who does not read with pleasure this prophecy of Cabanis, and is there one who does not regret that this great philosopher was not permitted to see his sagacious predictions verified, and in a very short period thereafter? Certainty in medicine was established. Hahnemann had even then commenced his faithful examination of facts, was collecting what was known of drug-action, and instituting his “provings” of drugs, and these facts, being verified by repeated clinical experiments and compared amongst themselves and with other known

natural phenomena, were linked together and referred to a very small number of fundamental principles. From these principles were deduced general rules, and the whole given to the world by Hahnemann, and accepted by his true followers. And we now see, at this day, the allopathic school, while ignoring and rejecting Homœopathy as a system of medicine, acknowledging the necessity of principles and fixed rules, and reaching about, examining facts, and endeavoring to arrive at a conclusion.

They are actually looking forward to *Progress*, and slowly as they march along they are really marching onward. History, however, repeats itself continually, and thus we find in the medical profession a party or sect claiming "*Progress*" as their motto, detaching themselves from the allopathists, under the pretext of "Liberalism" and "Progress," and calling themselves "*Eclectics*." Their progress is in a backward direction, and they openly declare their most earnest opposition to anything like fixed principles based on natural laws, and are still more opposed to the practical rules derived from, and in harmony with, these fundamental principles. In their schools they teach a "*multiplicity of opinions*," and denounce as "*Dogmatists*," all those who differ from them. It is a characteristic point of difference between the old and the new school—the allopathic and the homœopathic—on the one side, endeavoring to fulfill what Cabanis dared to predict, and the eclectics on the other, appealing to public prejudices and to an unfortunate misconception of liberty and liberality; daring to advance the fallacious assertion that a liberal science cannot and must not be bound by any principles, even when these are based on natural laws and verified by experiment. And if the predictions of Cabanis have been truly fulfilled by the establishment of Homœopathy, and if we see clearly and unmistakably a growing desire in the ranks of thinking allopathists to obtain certainty in medicine, it becomes the duty of those members of the profession who have been charged to teach Homœopathy in a Homœopathic College, to see to it that

there shall be taught none other than these very fundamental principles, which are essentially the result of a true mode of observation made in a truly philosophical spirit.

The small number of these principles, (three) advanced, promulgated and explained in this Journal and taught in the Homœopathic Medical College of Pennsylvania, are found susceptible of little variation. The law of cure has been universally accepted; the single remedy finds its opponents, who are the defenders of alternation, only amongst unphilosophical minds, or amongst those who decline to read the *Organon* in the original, and persistently quote from the falsified translations, in defence of an absurd proposition; the minimum dose is accepted by all men of understanding, —and only misinterpreted by unthinking persons as meaning the highest potency—as the dose just sufficient to cure the individual case. (The question of dose not having been as yet settled is to be left to the individual judgment of each physician.)

If these three fundamental principles are susceptible of any variation, we have not learned of any proposition to change, alter or vary them, since they were inscribed on the banner under which we serve our cause.

We leave the third party, "the Eclectics," to enjoy the glory of an appeal to ignorance and prejudice, unfurling their standard on which is emblazoned "*Liberality in a multiplicity of opinions*," and when they appeal to St. Paul, who said in his first epistle to the Thessalonians, chapter v., verse 21, "*omnia autem probate: quod bonum est tenete*," we here remind them of the previous verse "*prophetias nolite spernere*," which would read, in connection, "despise not prophecies," but "prove all things: hold that which is good." We would also remark that St. Paul did not mean to instruct the Ephesians to use their own individual judgment, and to hold on to what *they* thought best to retain from the old dispensation, and accept what they might think good under the new.

If it is possible to believe in truth and consent to iniquity,

then the position we have taken is wrong, and the Eclectics are right. We take the liberty, however, of admonishing them to accept St. Paul's admonition in the sense in which he gave it, and to despise not even the prophecy of Cabanis; let them prove even his philosophical arguments, and the subsequent history of developed medical progress, and learn to hold fast to *principles* and not idle away time by embracing a variety of incongruous *opinions*, however distinguished the persons may be who offer them.

Leaving, therefore, the Eclectics where they are; despising principles, and resembling the mariner who trusts to good fortune to reach port without chart or compass, we turn back to the consideration of certainty in medicine, and address ourselves to both the homœopathic and allopathic school.

The history of medicine shows very plainly that the same differences which divide the schools of our day have existed at all times. The empire of medicine was already divided among the Greeks by two principal sects: the Dogmatists and the Empirics.

The *Dogmatists* maintained that the ignorance of causes forced the science to wander in its march, and introduced into the methods of cure a great degree of uncertainty. As all diseases, they said, differ with respect to their causes, it becomes absolutely necessary to understand these thoroughly, in order to make a judicious application of remedies.

The *Empirics*, on the other hand, maintained, that a knowledge of *causes* is not within reach of our senses, whilst *facts* offer themselves ready to our investigation. According to this school, it is sufficient for us to know all the circumstances constituting a disease, which are learned from observation or a faithful description.

This dispute was merely one of words, and both parties were in the right according to the sense in which they understood them.

The Dogmatists said: when you are called to a man who

has been bitten by a dog, you inquire whether or no the animal was mad, because in the two different events the treatment is not the same; consequently, the knowledge of the cause is indispensable. To this, the Empirics reply that it is far from being indifferent whether the bite be made by a healthy or mad dog, but that in this case, there is no question about cause, that circumstance being a simple fact appertaining essentially to the history of the disease or the patient, and without which the history of the case would not be complete. The only proper question is—*to what extent should we carry the investigation of causes?* There were and still are *evident and hidden causes*. This is about all "*the ado about nothing*" which has disturbed the equanimity of many a member of the profession, and is acting as a disturbing element in our own school. Viewing this question philosophically, we discover the hidden cause of all the various difficulties which the progressive, thinking men encountered, when they endeavored to establish certainty in medicine. If the cause of the disease of the patient to be treated is known, no doubt that cause, belonging to the history of the case in question, is a very important part of the case itself, and the intelligent physician may be led by that knowledge to find the proper curative agent.

The cause of the disease, or a knowledge of it, is no doubt required for the purpose of completing the history of the disease, and of the just conception of the disorder of the patient, in order to find for that individual case the proper remedy, under the known law of cure. The mere knowledge that a person has congestive fever, whooping cough, yellow fever, or suppressed menstruation, does not indicate the curative agent. In the first three cases, the concomitant symptoms, such as belong to the patient individually, may well be considered as very characteristic symptoms, and in no sense will we be guided by any supposed cause of the disease, in endeavoring to cure the patient; and the various opinions of all men of distinction, setting forth the supposed cause of said disease, will bring us no nearer the

selection of the proper means of restoring this individual case to health. In the last case, "the suppressed menstruation," we may, with propriety, inquire for the *cause*. And even here, the phenomena, as they present themselves, without the knowledge of the cause, will enable us to relieve present sufferings, and restore the patient to a healthy condition. If the cause has been *fright*, this condition belongs to the history of the case in question, and *Lycopodium* will be the curative agent, provided the symptoms present from this cause correspond with the known action of that valuable remedy, and this will generally be the case. If the symptoms do not correspond with *Lycopodium*, then compare them with those of *Gelsemium*. If menstruation is suppressed, and we know no cause, but find that instead of the catamenia, the nose bleeds profusely, and that this latter is an unusual occurrence, the menstrual function will be restored by a single dose of *Bryonia*. If the suppression was *caused* by a wetting of the feet during the period, *Pulsatilla* will, in all probability, effect a cure. If the patient is a married woman, and now suffers from morning sickness, general chilliness, and an aversion to a warm room, *Pulsatilla* will relieve her sufferings without restoring the menstrual discharge; or if she has missed the menstrual term, complains of *continuous nausea*, and at the same time of *constant flow of saliva*, *Lobelia inflata* will cause a cessation of all these sufferings, etc. What, then, has the known cause to do with the cure of these patients, except as a part of the history of the case. The cause by itself is surely no indication for the remedy. The further the cause is placed beyond the reach of our research, the less necessary it is to understand it. Homœopathy, in fact, does not admit the propriety of the position assumed by the old Dogmatists, and makes the cause, *when known*, part of the history of the case; while if the cause be *hidden* and *unknown*, and beyond the reach of our research, it indulges in no useless speculations.

It is certain that the principle by which all animated

bodies are moved, and the circumstances which more immediately serve to modify the influence it exercises over the different organs of the body, are equally placed beyond our reach, and totally unknown to us. It is evident, that if the basis of the healing art consists in a knowledge of these phenomena, the art itself must be viewed as deficient in its fundamental principles. Man knows the essence of nothing; neither of matter which is constantly before his eyes, nor of the secret principle by which it is modified, and which determines all the phenomena of the universe. Man speaks of causes which he flatters himself he has discovered, and of those of which he laments his inability to discover. Of the first true causes of disease, we remain as ignorant as we are of the essence of matter. Now if these propositions are admitted to be correct, then Homœopathy very properly and correctly understands "the totality of symptoms,"—comprising the cause, and all the phenomena dependent on a disturbed state of the system and of the various functions of the various organs—as the only true picture of the diseased condition of the sick; and in this understanding finds a certainty, and ignores former differences of opinion about the causes of disease.

The great uncertainty of all previous schools of medicine consisted in the fact, that the nature and effects of substances employed as remedies was to them a mystery, and their mode of operation in the system was not understood. Homœopathy has overcome all this uncertainty, and the proving of drugs on the healthy has enabled us to collect such a vast array of facts, that there is now presented to the physician a reliable *Materia Medica*, and certainty in the knowledge of drug-action, the want of which has been felt so keenly in all previous centuries.

Had the science of medicine rested on a solid foundation, its theory would at all times have been the same, and its practice, more particularly, would not have undergone so many extraordinary changes; but as this was not the case, the great desideratum consisted in the discovery of a method

of cure, or system, which should rest on fixed and immutable principles and certainties, and not dependent on ever-varying human opinions.

If the fundamental principles now held and promulgated by our college, and in its organ, this Journal, remain fully established, and if the speculative investigator of new facts, in his progressive march towards a further, never-ending improvement and development of medical science, allows himself to be guided by these principles, which, in fact, are to him what to the mariner is his chart and compass, the "certainty in medicine" will become greater in degree as progress is made in this manner of investigation; and every deviation from such a course can only lead back to *uncertainty* and a diversity of opinions. The unfortunate belief that fundamental principles must not stand in the way when we are indulging in researches, that may prove fallacious, is apt to lead us into such absurdities as Organopathy. Were we in possession of a perfect knowledge of all the causes of diseases, or of their origin, or seat in just this part or that portion, or in this organ or that tissue of the body, if we knew all this, and, as well, the corresponding effects of drugs, in all cases, we might then be justified in pursuing the plan of investigation and treatment suggested in Organopathy, as one of the many *individual opinions*. But these vagaries are the result of a neglect to hold fast by the landmarks,—our principles—for in these rests all future hope for progress towards *certainty in medicine*.

In the Hahnemannian Monthly, Vol. IV., No. 1, page 40, paragraph "I" should read as follows:—

I. The *Vital Forces*, which consist, in part, of what are termed the "forces of nature," which flow into man from the inferior world and its lower organizations; and, in part, of those spiritual influences (*influx*) which flow into and sustain man's higher nature, from the spiritual world and its superior orders of being.

A PROVING OF DIOSCOREA.

BY J. U. WOODS, M. D.

Prover, 24 years of age, sanguine temperament, light hair.

May 30th, 1867, at 2 o'clock, P. M.—Took 10 drops of the 6th dilution.

At the time of taking the above, had heart-burn, from eating rhubarb; relief immediately followed, and in fifteen minutes it had all disappeared.

5 P. M.—Pressure in the abdomen from front and sides. A gurgling sensation in the abdomen. Abdomen feels heavy.

6 P. M.—Feeling of weakness in the epigastrium; desire to sit down; sinking in the abdomen; abdomen feels stirred up; all relieved after supper.

9 P. M.—A peculiar weak feeling in the joints of the knees; also in the legs. A creeping, tingling sensation all through the thighs and legs, relieved by rubbing. Dull, aching pain in the knee-joints, extending into the legs; vanishing on rubbing but appearing in the feet. On ceasing the rubbing, the pain reappears in the knees. Moving the knee joints relieves the pain, but the movement is difficult on account of a dry, grating sensation, as if the synovia were wanting in the joints.

Head feels dull and heavy, much inclined to remain quiet. Left leg is the most painful.

10 P. M.—Pain in left wrist-joint of same nature as that in the leg, but momentary.

June 1st, 8 A. M.—Had an operation of the bowels; (usual time) first part natural, last part thin, (no pain or urging.) Pain in knees less, but all passes into the right knee. All symptoms better in open air, and still better while *moving in open air*.

On first rising felt very weak in the legs ; this soon passed off while moving about. (Drank coffee as usual for breakfast, no effect on the symptoms.)

8.35 A. M.—Dull, aching pain in both temples.

9 A. M.—Small, soft stool ; constant sensation in rectum as though must go to stool at once, disappearing for a few moments after stool, but soon returning.

June 2d.—The only symptom was pain in the knees, which soon passed away.

SECOND PROVING.

June 3d.—No symptoms appearing in the morning, at 8.30 A. M.—Took 10 drops of the 15th dilution. No symptoms following, at 3 P. M.—Took 10 drops more of the same preparation.

4 P. M.—Felt uneasy ; unpleasant feeling in the abdomen ; pain in left knee.

4.20 P. M.—Head dull and heavy, with an occasional quick pain through it ; eyes feel tired. Bowels feel hot, stirred-up and heavy. Restless ; relieved by walking.

5 P. M.—Ineffectual desire for stool. Sudden sharp pain in left occipital protuberance, relieved by pressure. Great desire for open air. Riding or walking relieves all of the symptoms except those of the abdomen. Bowels better after supper.

June 4th, 7 A. M.—Large and difficult stool, with straining.

11 A. M.—Dull ache through forehead, with some nausea, extending from throat to stomach. Nausea first passed off. The headache extended into the nose, accompanied with symptoms as from a bad cold, with fluent coryza for two days.

THIRD PROVING.

June 7th.—Took 10 drops of the 3d dilution. No symptoms followed, and after an interval of seventeen days took 10 drops of the 6th dilution at 8 o'clock, A. M.

At 9 A. M.—Dull, uncomfortable feeling in the head as from cold.

11 A. M.—Dull pain in the knees coming on gradually. Legs feel tired and heavy.

3.15 P. M.—Pain in legs. Pain is constant; aching; legs feel heavy and as if they would drop off. Pain relieved by motion. Feel weak and a lack of ambition; head dull; desire to lie down and keep still.

4 P. M.—Pain runs into the soles of the feet and is occasionally violent. Great feeling of irritability; great uneasiness. Pains are relieved by motion but fatigue is increased. Disinclination to move by reason of weakness, yet pains are relieved by so doing. Pain in legs relieved by elevating the feet.

4.30 P. M.—Burning in the intestines and some in the stomach; heat, burning and a stirred-up feeling in the abdomen; hard pain about the navel, worse from doubling up; better from pressure and motion.

8.30 P. M.—Violent colic; a griping, drawing pain, appearing as soon as prover sits down, with pain in legs as before described. Arms feel weak, especially the elbow joints. Colic relieved some by lying down and from pressure.

11 P. M.—Colic appeared as soon as he went to bed, increasing in severity for some minutes and finally disappearing.

June 25th—Felt well with the exception of weakness in the legs.

2 P. M.—Sensation as of a briar in the middle finger of each hand, with throbbing pain; darting stinging next to the bone; tenderness on pressure; pain began in the left hand.

4.30 P. M.—Slight attack of colic; feeling of faintness in the abdomen.

5 P. M.—A cold sensation extending from the end of the sternum to the navel, and about an inch in width, while around the navel there was an almost burning sensation. From 5 to 6 P. M. the colic came on in regular paroxysms, each lasting only a few moments.

June 26th.—Felt remarkably well and in fine spirits until 11-30 A. M. when colic pains appeared like those of the 25th.

Several times during the day, fine, sharp pains were felt behind the left ear.

June 27th, 12 o'clock, noon.—No hunger, but faint, hollow feeling in the abdomen, with pain around the navel. All passes off after dinner.

FOURTH PROVING.

July 19th, 2-30 P. M.—Took 2 drops of the 15th dilution.

5 P. M.—Dull, aching pain in left knee, running down into the foot.

5-20 P. M.—Stirred up feeling in the abdomen; decided weakness in the small of the back, relieved by standing and walking.

7 P. M.—On lying down colic came on, relieved by rising and walking. Dull pain in the left arm and elbow, passing into the fore-arm. Colic renewed on lying down, with some pain in right leg and urging to stool.

11 P. M.—After retiring had a light attack of colic.

July 20th, 8 A. M.—Much dull pain in both knees.

Many of the above symptoms have been corroborated by the clinical experience of my friend and honored preceptor, J. B. Bell, M. D., of Augusta, Maine.

NON-AMPUTATION OF THE LEG.

BY DRS. M. A. AND H. W. RICHTER.

IN the June number of the *Hahnemannian Monthly* a case of Caries of the ankle joint is related, where amputation was resorted to by Dr. J. H. McClelland.

A case of very similar nature occurring in our practice, in which operative interference was not resorted to, and in which a result more favorable to the patient was arrived at, we are induced to give it to the profession, wishing, at the

same time, to be understood as not intending, in the slightest degree, to reflect on the sound judgment of Dr. McClelland, but merely for the purpose of impressing a favorable consideration for conservatism in surgical practice, particularly in such cases where the local affection is the result of evident scrofulous constitutional taint.

The case was that of a child of Mr. E., scarcely five years old; a boy; suffering from *caries of the ankle joint*, particularly affecting the astragalus, the end of the tibia, fibula, and inner extremity of the os calcis. Several sinuses extended in different directions on both sides and discharged pus freely. The disease had taken the usual course of inflammation, agonizing pain and lameness, until suppuration set in.

The child has always been under allopathic treatment, and took, for general debility and scrofulous dyscrasia, cod-liver oil for several years. Since the opening of the abscesses he suffered less from pain and could creep around the floor. He had had the usual diseases of childhood, diphtheria and whooping cough included, the latter troubling him when he was brought to us for the first time, in his carriage.

He presented the appearance of a scrofulous child; thin, light hair, tettery scalp and skin—sufficient indications to improve his health by establishing healthy action of the skin. His parents, fearing the loss of the foot,—if not of the child,—had consulted the highest surgical authorities in New York, and these, together with the family physician, advised amputation. His mother, however, an intelligent lady, objected to it, knowing that the ankle disease was but a product of the scrofulous condition, which could not be eradicated by amputation. This coincided with our views, taking into consideration the history of the case, and especially as a scrofulous wet-nurse still attended the child. Considering the tender age of the patient and the progress of the disease, the case seemed unpromising enough. Still, as amputation was opposed, treatment was undertaken in

December, 1863. It consisted chiefly in vapor baths, the douche, local baths, and the appropriate constitutional homœopathic medicines. The discharge continued until all the portions of bone destroyed by caries were removed, at different times, whereupon the wound healed kindly, the use of the limb returned, with free motion of the joint, and all vestige of the disease disappeared.

The treatment lasted about seven months. It would have been impossible to have carried it out, had we not been supported by the most praiseworthy perseverance of the little fellow's excellent mother. He is now a happy child and will not have to "harness himself up all his life long" as the late Valentine Mott frequently expressed himself.*

Effects of Vaccination.

"Innumerable diseases are inflicted by vaccination, and even death; the law which renders it compulsory is one of the greatest curses which a tyrannical government has ever inflicted on a nation."

Thus writes E. W. Berridge, M.B., B.S., London, (see Vol. III., No. 11., *Hahnemannian Monthly*.) What he there says of the small-pox and vaccine-preventive powers of Thuya will be appreciated, and the following case, originating in vaccination, will, no doubt, be found pertinent and significant in regard to this matter.

A young lady, who died recently of heart disease, had been, since her vaccination in childhood, troubled with the "hives," (urticaria, essera.) This disease is not in the family. The large vaccine scar on her arm proved the

* Drs. Richter write, July 13th, 1868, "The above child is now the healthiest of a numerous family of brothers and sisters, all of whom are of delicate health."—Ed. H. M.

great impression made by vaccination, of which the "*hives*" were the most immediate sequel.

Gradually, however, more ailings appeared. Her bowels were for years irregular, and she was troubled with dyspepsia and costiveness. In February, 1868, she complained of rheumatic pains, chilliness, alternating with feverish burning, sleepiness and night sweats. Still she was able to go out, but felt more comfortable when keeping quiet. Exercise or surprise caused palpitation, and gaping or sneezing produced pain about the diaphragm. The tongue was pale, and the pulse hurried and at times intermittent. With the frequent small stools, tenesmus was combined. Ars., Bell., Samb., Spig.,—a few vapor baths and the application of electricity, improved the case so much that, at the end of April, the rheumatic pains, swelling of the lower extremities, the "*hives*" themselves were nearly gone, but the palpitation, feverish turns, night sweats and the chlorotic aspect still remained, more or less. The catamenia ceased in consequence of the patient going to sleep in a warm foot bath, which she took on account of the swelling of the feet. The urine was very sedimentous, high colored and but little albuminous. To overcome the troublesome tenesmus, petroleum injections were administered, which removed large bilious, scybalous and most offensive infarctæ. Ars., Sulph., Cact. gr., Phos., brought a very little relief. A decoction of Apoc. cann., given in small spoonful doses, at short intervals, relieved her in some respects. The chest, however, and gastric symptoms grew so much worse (she threw up epithelial matter from the stomach) that a consultation (May 29) seemed advisable, which resulted in the giving of Cact. grand. and Spig., without any effect; so that Apocyn. cann., (tincture in water,) alternately with Ars., was again tried, together with scarifications of the legs. These made her so easy that she could rest day and night in bed. All hoped the disease would take a favorable turn; but on June 5th, she had a paralytic attack, which in a few hours terminated her life.

The above case, which has been as concisely reported as practicable, plainly shows that the vaccine poison had gradually altered the blood, and to such a degree that without a general regenerative change of that element—unfortunately prevented by the prevailing dyspepsia—life could not be sustained.

CLINICAL OBSERVATION—BISMUTH IN CHOLERA INFANTUM.

BY ADOLPH LIPPE, M. D.

A CHILD, six months old, fed with scalded cream from the bottle, and extraordinarily fleshy, was taken sick with Cholera Infantum at M——, Pa. The resident (self-styled homœopathic) physician was sent for, who administered some “*odorate*” medicine, and, in addition, applied a spice-plaster to the abdomen.

The child evidently growing worse, the spice plaster was changed to a mustard plaster, and the internal medicine made still more “*odorate*.” The child still growing worse a *fly-blister* was resorted to, and the internally administered drug made still more “*odorate*.” The tender mother remonstrating against such *homœopathic* treatment, was told that he, the doctor, belonged to a much more liberal school than did the old friend of the mother! The poor child grew much worse under the bogus treatment, and the distracted mother brought it to the city. It was found continuously restless; crying all the time; diarrhœa, watery and very offensive, worse at night; continuous, unquenchable thirst for *cold* water; had taken no nourishment for some days; head hot; (not the blistered abdomen) had passed no urine for a long time, and this discharge had gradually grown less in quantity. One dose of *Arsenicum*, 40 “ was followed by a very quiet night, and the poor child was much better for forty-eight hours, when the diarrhœa returned,

although less violently; the thirst had ceased entirely, but the appetite did not return; the child now began to vomit, *but only the water it had taken, and this even in the smallest quantities, and at once*; it cried more at night, though not violently, whining more from discomfort than from acute pain—probably nausea. The child rejected all nourishment, nothing would tempt it; the stools were thin and offensive, but not very frequent; it rolled its head at times, especially when crying. *Silicia* had caused no permanently good results. One dose of *Bismuth 2^c* (Lehrmann), of which the curative effects have been confirmed—(only water is thrown up, while other substances entering the stomach are retained) changed the whole aspect of the case, and forty-eight hours after the administration of this single dose, the child was convalescent; slept all night; the pale cheeks resumed their former color; it took its former accustomed nourishment, and required no further treatment. The case confirms positively all the well known principles of Homœopathy, and shows the folly of the so-called *liberal* practice.

(To be continued.)

CLINICAL CASE.

BY A. M. CUSHING, M. D.

Mrs. S—— miscarried at the seventh month, on the 1st day of August. She has had a number of children, and, with the last two or three, has had much trouble with her breasts, and after one confinement, milk-leg supervened.

I was called August 5th, and learned that she had had a cough for four months, which had become much worse since her confinement. The mammae were swollen, hot and painful, and the nipples amounted to almost nothing. She could get no milk, yet she felt it “run into the breasts” quite frequently.

Headache in the forehead and in both temples; skin hot;

no thirst; limbs slightly swollen, stiff and painful. All the symptoms are worse in the evening. Stools, urine and lochia natural. Gave *Pulsatilla* 16^m, (Fincke) a single dose; *sac. off.* in water.

August 6th. The patient is better. Gave *sac. off.*

August 7th. She is much better. Gave *sac. off.*

August 9th. The milk has almost entirely disappeared, there is no soreness in the breasts, no pains in the limbs, and the cough has almost entirely disappeared. Dismissed.

A CURIOUS CASE—VOMITING OF URINE.

BY RICHARD GARDINER, M. D.

May 1st, 1868.—Prescribed, at my office, for Susan H. *act.* 29, unmarried. Symptoms as follows: Very much swollen in the left side and back, with difficulty in breathing; she has had, for a day or two, a drawing sensation, extending from the back, around the side to the top of the shoulder, accompanied with pain. Gave *Lycopodium*.

May 7th.—The back and side are still painful, and the "drawing" sensation continues. There is now nausea, and she vomits all food and drink. She is very thirsty at times: frequent discharge from the bowels; passes no urine.

May 9th.—Frequent discharge from the bowels, dark colored and watery; vomiting of food and drink, and disagreeable, bitter taste. *Arsenicum*.

May 10th.—Great fullness and tenderness of the abdomen; she has to loosen her clothing; scanty stool and slight emission of urine, accompanied with pain.

May 11th.—A great deal of nausea; vomiting of large quantities of fluid *that has the appearance of urine*, of a disagreeable taste, and strongly pungent smell; no urine has been passed by the proper channel since yesterday morning.

May 12th.—Much pain throughout the whole body;

stool very offensive, dark and watery; no discharge of urine.

May 13th.—No improvement in the case. The stool is rather lighter in color, but still offensive; tongue coated; thirst; pulse small, rather weak, and about 100; no discharge of urine. Abdomen very tender to the touch; no distension in region of the bladder; pain, like cramp, in the abdomen, causing great suffering; slight pressure on the abdomen causes a sense of nausea, as if extending from below the umbilicus to the stomach. She ejected from the stomach nearly a quart of urine, or that which had the appearance of urine, of strong odor, and very unpleasant taste. Gave *Apis. mel.*

May 14th.—Much pain and suffering. She threw up a large quantity of urine, of strong odor, and a peculiarly bitter taste; bowels more regular and stools more natural; passed no urine by bladder; the bladder appears to be empty; the abdomen is still tender throughout its whole extent, slight pressure on it causing nausea. Gave *Opium*, a single dose.

May 15th.—Condition much as yesterday. Great deal of pain. She threw up nearly a quart of urine in the morning, with flocculi floating through it, and of a strongly urinous odor; no stool; more comfortable last night than previously. *Sulphur*, a single dose.

May 16th.—Passed a more comfortable night, and had some refreshing sleep. Ejected from the stomach nearly a quart of urine of strong odor and light amber color; abdomen less tender to touch; no distension of the bladder. *Sac. lac.*

May 17th.—Passed a very uncomfortable night; much pain; increased soreness and tenderness of the abdomen. Bladder apparently greatly distended, for the first time since commencement of her present illness; pulse about 100, small and weak. The catheter was introduced, and a large quantity of urine drawn off, of an odor and appearance pre-

cisely similar to that emitted by the stomach; no nausea and no movement of the bowels. *Sac. lac.*

May 18th.—Pain, nausea, and tenderness of abdomen; bladder greatly distended; the catheter was passed, and a large quantity of fluid drawn off, of color and odor the same as that vomited. Pulse full; 66. Gave *Nuc. vom.*

May 19th.—Much the same as yesterday; no urine voided; catheter passed, and considerable urine taken. Gave *Arsenicum*, a single dose.

May 20th.—The patient suffered much throughout the night. Pain in the abdomen, with great soreness and tenderness; she cannot bear the least pressure thereon. In about two hours after taking the dose of Arsenicum, after much pain and bearing down, she passed a large quantity of urine; felt weak and faint afterwards; bowels not yet moved; she takes some nourishment. *Bryonia*, in water.

May 21st.—Very weak; passed a more uncomfortable night; nausea; vomited a quantity of urine as before; bladder not distended; catheter not necessary; pulse about 66, small and thready; no inclination to urinate. Gave *Sac. lac.*

May 22d.—Vomited a quantity of urine after midnight, with flocculi floating through it; passed some urine by bladder, this morning between two and three o'clock. She took some milk which was retained; all other food and drink causes nausea. Abdomen very tender; the slightest pressure causes pain; nausea and inclination to vomit; no febrile indications; tea sours on the stomach, and causes an acid taste. Gave *Arsenicum*.

May 23d.—Better this morning, although she passed an uncomfortable night. She passed urine this morning, between two and three o'clock, with great suffering and bearing-down pains, causing her to scream. She has not vomited since taking last medicine. Some febrile indications about two o'clock this morning, followed by perspiration—for the second time during her attack—this perspiration was warm; the first was cold. Pulse improved, soft, 72. Gave *Sac*

lac. (The vomited fluid was tested this day, by Professor A. R. Thomas.)

May 24.—More comfortable; no pain. Vomited a small quantity of urine, last evening about eleven o'clock, and again, in large quantity, this morning, between three and four o'clock. Previous to vomiting, there is pain in the right side, which passes down towards the pubes; she then "knows what is coming," as she says; she immediately becomes sick at stomach, and throws up the urine; there is no food vomited at the time or subsequently. She passed a small quantity of urine, naturally, about eleven o'clock this morning, which was sedimentous; bowels not yet moved; fever this morning, early, followed by sweat; pulse about 60, soft and full. *Sac. lac.*

May 25th.—Much improved; discharged urine freely this morning, of light color; no vomiting since early yesterday morning; takes light food. *Sac. lac.*

May 26th.—Not so well. Vomited about a quart of urine yesterday afternoon at three o'clock, of strong odor, amber color, with flocculi; and again this morning about six o'clock; these attacks of vomiting were not attended with the usual pain or effort. She voided urine naturally about ten o'clock this morning, with some pain and urging; abdomen less tender. Gave *Cantharides*.

May 27th.—Much better; no vomiting since yesterday morning; passed, naturally, about half-pint of urine early this morning, dark colored and of strong odor; and again, about nine o'clock, a smaller quantity, but very light colored, and with mucus floating in it; with pain and burning in the right hypogastrium. She slept well last night; can turn in bed with but little suffering; considerable general perspiration last night; thirst, but drinks very little; no nausea; the stomach retains milk and baked or roasted apples. *Sac. lac.*

May 28th.—Comfortable. At eleven o'clock this morning, she had not vomited since Tuesday morning. She urinated about daybreak, and again at nine o'clock. *Sac. lac.*

May 29th.—She vomited as much as a quart of urine yesterday afternoon, accompanied with pain, as at other times, but not so violent; she had taken some milk a short time previously, and it was not thrown up; food has not been vomited with the urine at any time; she has passed no urine from the bladder since yesterday. Gave *Veratrum album*.

May 30th.—Weak. Passed water yesterday afternoon, and again this morning: nearly a quart each time; no vomiting; bowels not moved. *Sac. lac.*

May 31st.—Better; sat up nearly an hour; passed urine yesterday afternoon and this morning, with much pain afterwards. Great tenderness of the abdomen, more particularly on the right side, as if the great trouble might be in the right kidney and ureter; (and adhesive inflammation had occurred and ulceration into the stomach, through which orifice the urine was passed into the stomach, and ejected by that viscus,) she can now lie on the left side, but feels more pain and uneasiness in the right side while doing so; she lies mostly on her back; eats roasted apples and drinks milk; no stool. *Sac. lac.*

June 1st.—Improved. Bowels opened this morning; passed urine three times since yesterday morning, amounting in all to upwards of three pints. She feels "very sore" since stool. No nausea or vomiting since Thursday afternoon. *Sac. lac.*

June 2d.—Improving; passed urine freely; no vomiting; appetite improved; less tenderness of abdomen. *Sac. lac.*

June 4th.—She complains of much pain and soreness down the right side and through the hypogastric region, and generally throughout the abdomen; no fever; pulse 72, small and weak; passed urine twice in twenty-four hours, followed by pain. There has been no vomiting for a week. Gave *Lycopodium*.

June 6th.—Passed about three quarts of urine in the last twenty-four hours, which was yesterday very dark—almost black—with a black deposit; to day it has the appearance

of the washings of an ink-bottle; no stool; very weak; no appetite; desires only baked apples and milk; loss of voice; has had several faintish spells; abdomen still tender. Gave *Phosphorus*.

June 8th.—Better; she is sitting up; has passed urine only once since 6th. Urine is small in quantity, and not so dark, with some blackish flocculi floating near the bottom of the vessel; much pain while urinating; abdomen still tender; has no desire for any other food than apples and milk; the sight and smell of other food is rather nauseating; no stool; loss of voice; she cannot speak in a louder tone than a low whisper. Gave *Stannum*.

June 11th.—Comfortable; voice restored; since 8th she has passed considerable urine; the last times (twice) it had blood with it; has lost its blackish appearance, and is much clearer. She has great pain and bearing down when urinating; stool this morning; some tenderness of the abdomen; pains shooting down the right side to the hypogastric region, thence across to the left hypogastrium, and thence upwards towards the stomach; these pains are very severe, and attended with some burning; more particularly when urinating, or when the bowels are moved. The only nourishment she craves is water, baked apples and milk. Gave *Cantharides*.

June 17th.—There has been no further vomiting to this date, and a gradual improvement has taken place. The abdomen is still tender; the bowels are costive; there was some blood with the urine yesterday, after a hard stool and much straining.

Examination of fluid vomited by Miss Susan H.

Color.—Light amber; slightly cloudy, with tendency to deposit of a light, flocculent mass.

Odor.—Decidedly urinous.

Reaction.—Strongly acid; promptly reddening litmus paper.

Specific gravity.—1,010.

Microscopic examination.—Flocculi composed largely of mucus, with entangled epithelial and mucous cells, and much amorphous matter, resembling the mixed urates.

Chemical examination.—Hydrochloric acid produced a slight precipitate, which, under the microscope, showed characteristic crystals of uric acid.

Neither heat or nitric acid showed the presence of albumen.

Iodine failing to produce purple tint, showed absence of starchy matter.

Ammonia showed no perceptible change.

Sulphuric acid the same.*

A. R. THOMAS.

* We very cheerfully give place to the extended account of this case which, from its peculiar character and the rarity of occurrence of similar phenomena, is full of interest to the profession. After carefully reading the account of the symptoms and conditions, it seems almost impossible to doubt that there was communication between the right kidney and the stomach. The voiding of urine by the natural channel, on the same day, and shortly before or after vomiting had occurred, seems to indicate that but one kidney was involved, and that these organs were not prevented from performing their proper function. *Ischuria renalis*, or complete suppression of urine, is an almost universally fatal disorder, the patient being poisoned to death from the non-extrication from the system of *urea*.

It is true, that complete suppression of urine may continue for some time, without producing any apparently prejudicial effects, as, for instance, in Asiatic Cholera, where no urine is voided or secreted for several days; but in these cases the urea is drained from the system with the augmented and unnatural flux from the bowels, and cholera patients are remarkably free from symptoms of coma. There are, however, cases on record, where the kidneys, from some cause, neglect to do their work, and the stomach takes the matter in hand, and by some perverted, but very fortunate action, eliminates all the effete and dangerous elements that should be thrown off by the kidneys, until these organs are restored and persuaded to perform their office. The above case does not appear to have been of this variety.—EDITOR H. M.

DYSMENORRHOEA.

BY C. A. COCHRAN, M. D.

(Read before the Central Homœopathic Medical Association of Maine.)

LESS than a month ago I was informed by Dr. Hall, Secretary of the Society, that the President had appointed me to report on Dysmenorrhœa, and so far as my business would let me, I have given the subject some thought, and have concluded to make a few remarks by way of apology, and to comply with the President's demand. Although I do not expect to offer anything that may be new to you, I will give you a little of my experience in this painful and often times perplexing malady, together with a few cases taken from my practice.

Jahr says that by dysmenorrhœa, "we not only mean *painful menstruation*, accompanied by more or less extensive derangement of the nervous system, but also any abnormal secretion of blood, both as regards quantity and quality."

Authors divide this malady into four classes, according to temperament, causes, and the constitution of the individual, into the Neuralgic, Congestive, Membranous, and the mechanical forms which are known under the name of Mechanical dysmenorrhœa, and consist of such cases as are caused by structural changes or flexions of the uterus. It is, however, not common in practice to find the various forms of dysmenorrhœa perfectly distinct or well marked, for we find *pain* in both menorrhagia and menoschesia, whether the flow is excessive or scanty; but, as a general rule, when the menses are painful, the flow is either too great or too small in quantity; generally the latter is the case. Our diagnosis must be made up according to the totality of the symptoms, the temperament of the patient, and causes (so far as we can ascertain them). We expect to find in a nervous temperament the neuralgic form of dys-

menorrhœa—or as it is sometimes called “irritable uterus,”—the symptoms of which you all well know. The congestive form occurs most frequently in young and unmarried women, and in those strong and otherwise healthy, of plethoric, sanguine temperament.

The membranous form, according to Dr. Guernsey, “may appear in connection with the neuralgic, or congestive form, and appears to be a complication of simple dysmenorrhœa, occurring in persons of some peculiar constitution, and consists in the formation of a false membrane upon the interior surface of the uterus, and its expulsion at the menstrual period.”

The mechanical form, as its name implies, is caused by mechanical obstructions; or from partial closure, or flexion of the cervix uteri, as in retroversion; the latter Dr. Guernsey thinks to be the chief cause of this form of dysmenorrhœa.

Drs. Marcy and Hunt, in referring to causes of dysmenorrhœa, give the following, which contains so much common sense, that I have thought it best to quote entire:

“The most frequent causes of Dysmenorrhœa are an inflamed condition of the secretory vessels of the uterus, an unnaturally small os tincæ, and inveterate constipation. It occurs in females of full plethoric habit, of fancies easily excited to activity, who are fond of the pleasures of the table, of love and show, who prefer to pass their time in heated parlors, or crowded ball rooms, rather than in active exercise out-of-doors. When we reflect upon the habits and modes of life which the customs of refined society impose upon the young female, we shall no longer wonder that this important function of the uterus should so often become disordered.

“The foolish mother, anxious that her child should grow up according to the laws of a false elegance, with a shape of body moulded to suit the *code of fashion*, rather than in those once approved proportions which the Creator gave her, envelops her in corsets and stays, pressing the abdominal viscera downward upon the bladder and uterus, and the thoracic organs upwards towards the throat, and thus moulds a waist sufficiently *small and wasp-like* to meet the requirements of a *sham gentility*.

“In carrying out this wicked whale-bone and buckram system, the important functions of circulation, respiration, digestion and menstruation are of no sort of consequence to the deluded victim or her friends, when compared with the imperative demands of fashion. God made the human body of precisely the right proportions for the healthful exercise of all the organs; civilized woman battles this ordination by mechanical

devices, and makes of the form an artificial thing, recognized and known as a specimen of gentility, the functions of which are subject to natural derangements, by Consumption, Chlorosis, Dysmenorrhœa, Amenorrhœa, Constipation and organic affections of the heart.

“After the innocent young girl has been thus cheated, not by “dissembling nature,” but by a fashionable mother, “out of her fair proportions,” it is deemed necessary in order to complete her education, to prim her up within the crowded walls of a boarding-school, to cram her mind with some ten or twelve studies at a time, including, of course, music and the current light literature, and to neglect active exercise, wit, fun, mirth, and other health promoters as vulgar.

“In this manner the countenance acquires that pale and *distinguished* cast so much coveted, and the body that frail and enfeebled state so commonly met with.”

In the treatment of dysmenorrhœa, all physicians believe in and recommend exercise in the open air, regular hours, and abstinence from tea, coffee, wine or spiritous liquors; coarse diet, and proper attention to regularity of the bowels.

The number of recommended remedies for this complaint is large, but yet the curing of it is often difficult.

Marcy and Hunt recommend thirteen remedies, Raue twenty-eight, while Guernsey recommends eighty-six; enough we think, if well studied, to relieve the majority of cases which would fall to the lot of any practitioner. Such an array of remedies must be rather perplexing to one who is in the habit of prescribing for *names* rather than for the characteristic symptoms.

The latter, we are convinced, is the only true and scientific course to pursue:—to first get a correct history of the particular case of the patient, taking into account temperament, habits, &c.; aggravations and ameliorations to be carefully noted; then to study the list of recommended remedies thoroughly, until we find a correct picture of the disease shadowed forth in the remedy; then, and not until then, can we hope for any success from our prescriptions. The “key-note” system of Dr. Guernsey, we think, is a valuable aid in prescribing,—we would not wish to be understood to go altogether according to this system, to make a hobby of it

and ride it to death, but that it is *suggestive*, as the author says, few can deny who have given the subject a fair trial.

If the key-note is found, all the remaining symptoms are frequently found in the same remedy.

Dr. Guernsey says, in the last number of the *Hahnemannian*, that "being called in consultation in a case of Dysmenorrhœa, where a *great variety* of symptoms presented themselves, he was struck with the *devout, beseeching, earnest and ceaseless talking* of the patient," and from this he at once recommended Stramonium, which, he says, relieved all the symptoms at once.

I shall now give a few cases of the different forms of dysmenorrhœa, taken from my case book, and here let me say, that I do not wish it to be understood that I have always been so fortunate in the treatment of this trouble as the few cases here given would seem to indicate.

Case 1st.—Nervous Dysmenorrhœa.

On May 5th, 1867, was called to see Miss S., *aet.* 24, light hair; blue eyes. Had been afflicted for many years with painful menstruation, which was usually pretty regular in time; quantity small. Was first beginning to be sick at my first visit; complained of feeling very nervous; restless; face yellowish and sunken; headache with vertigo; severe pain in back, and crampy, drawing pains in uterine region, with much bearing down; the discharge, which was small in quantity, was quite bright; prescribed *Bell. 2^c*, a powder dissolved in one-third of a tumbler of water, to take two tea-spoonfuls every two hours.

May 6th.—Improved in everything except the *drawing* pains, as she expressed it, in the bowels and also down the limbs; flow scanty and much darker. Prescribed *Amm. carb. 2^c* (as above), and after a few doses the pain and drawing sensation were relieved, and she completed her term with more comfort to herself than for several months. At her next menstrual term, which came on a little earlier than usual, she complained somewhat of the old sensation of drawing, or as though all her muscles were contracted. I

again gave *Amm. carb.* as before, after which there was no more trouble, and now for more than a year she has had no return of these symptoms. I was induced more particularly to give this for the *drawing* and *tensive* sensations, which in this case extended to the knees, and whenever I found this symptom in connection with uterine disease, the remedy has served me well.

Case 2d.—Mrs. C., *aet.* 35; married; no children; of bilious, sanguine temperament; strong and fleshy. Has had painful menstruations for last fifteen years, which had grown more severe for the last few years, and now her suffering is intense; more even than the majority of women suffer in child-birth. I was called on June 1st, 1863, found her confined to the bed; with great redness of the face; moaning and tossing about in perfect agony; vomiting of a bitter slimy matter, with constant thirst for cold water, violent bearing down sensations as though everything would be pushed out of her; the pain would come on by spells, commencing near the umbilicus, of a tearing or clutching character; considerable pain in the back: the discharge was darker than natural; always too profuse. Gave *Bell.* 6th, in water, dose every half-hour. On June 2d, I found her more comfortable, and continued the same prescription until she recovered. I then gave *Calc. carb.* 30th, a powder to be taken every third day until the period should again come, which it did at the right time. All the symptoms were milder than formerly; but still *Bell.* seemed indicated, and relieved her. This course I followed up for three or four periods, until she had no cause to complain of painful menstruation. It may be needless to say that the *bearing down* sensation (as though everything would be pushed out of her) led me to give *Bell.* and the sterility, with too profuse menstruation, I thought would be met by *Calc. carb.*

Case 3d.—October 10th was called to see Mrs. P.; married; no children; *aet.* 25 years; sanguine temperament. Found her flowing profusely; blood bright red and considerably clotted; coldness of the extremities; cramping pain

in bowels and limbs; nausea and faintness; said she did not know but that she was in the "family way" as she had now run over her regular time nearly a month. Gave *Ipecac.* 2^c. Was called again in about three hours; found that she had flowed profusely, accompanied with much pain, and that a very large clot had just passed, which upon examination proved to be a sac or bag about the size of a hen's egg, unruptured and containing a semi-transparent fluid. The flowing soon abated, and in a few days she was able to be about the house. She informed me that she had frequently seen pieces of membrane, in the majority of her former periods, but never a whole sac until this time. I do not remember to have seen many cases of this kind.

Case 4th.—Miss J. F., *æt.* 34 years; bilious temperament. Has suffered severely for ten years with painful menstruations. Had undergone various operations and been treated by many doctors, without gaining any relief, and as a last resort had, while in a Women's Hospital, the operation of having the neck of the uterus cut open, and for months wore sponge-tents and stem-pessaries to prevent the closing of the canal; but even this did not give her much relief, and for months after, she was obliged to have the uterine sound passed twice a month, to aid the passage of the dark, tar-like blood. Previous to her coming under my care she had not had the sound passed for the month.

On September 12th, 1867, was taken with severe pain in the limbs, back and bowels, as though the menses would appear, as she had run over her time a few days. These pains continued with great severity up to the time of my first visit, which was on the 14th. The pains were cutting and sharp in the bowels, with frequent desire to urinate; no flow. Prescribed *Amm. carb.* 2^c. in water, a spoonful to be taken every two hours. On the 15th, the character of the pains had changed; she was now suffering from a severe pain in the right ovary, which was swollen and tender, and the desire to pass water was constant, as though there was something pressing upon the bladder. Made an examination

and found an ante-version of the uterus, but owing to an extreme tenderness of the parts I did not attempt to replace it. Prescribed *Palladium* 2^c. On the 16th, no pain in the ovary, and the urinary trouble was completely relieved; the bowels were very tender and painful; she had vomited considerably the night previous, the vomited matter being sour; she also had a great deal of "wind in stomach;" face red, and severe throbbing pain in forehead; tongue heavily coated, whitish. Gave *Bell.* in alternation with *Nux vom.* 6th. On the 17th no vomiting; pain in head better; bowels still tender, and pain of pressing character, constant. Gave *Mag. carb.* 2^c. On the 18th the discharge commenced, dark and thick, like tar; pain relieved. Continued the *Mag. carb.*, and she completed her course without any further trouble. The same prescription was continued at intervals during the next month, when she had quite a comfortable term, but with the same trouble with the right ovary, and the urinary complication also came on again, but with less severity, and was relieved promptly by the *Palladium*. For the three months she was under my care the improvement continued, and she called herself about well. She left town soon after, and I have not heard from her since.

Dr. Ciro S. Verdi has removed from Georgetown, D. C., to Cleveland, Ohio. His brother, Dr. T. S. Verdi, still remains in successful practice, in Washington, D. C.

Dr. Conrad Wesselhoeft has removed to 57 Chauncey Street, Boston.

Dr. S. H. Worcester has removed to Salem, Mass.

EDITORIAL.

HOMŒOPATHIC LIFE INSURANCE.—We have received within a short period, the “manuals” and circulars of the three Homœopathic Life Insurance Companies of the United States:—The “Atlantic Mutual,” of Albany, N. Y.; the “Hahnemann” of Cleveland, Ohio, and the “Homœopathic Mutual,” of New York City.

Without any intention of entering into a discussion of the respective merits of these several companies, as such, we may be permitted to call the attention of physicians of our school, to the position they assume towards Homœopathy and the opposing systems of medical treatment.

The logic of stubborn facts seems to have awakened the senses of the commercial world to the value of Homœopathy in saving human life, and in view of this awakening, certain monetary institutions—Life Insurance Companies—have sought statistics and facts in the case, and upon the results of these researches have deliberately given utterance to the opinion that lives abjuring the use of allopathic drugs, and accepting, as necessity requires, medical treatment dictated by the principles of Homœopathy, are justly entitled to a reduction of premium, simply because of a greater immunity from loss under Homœopathy and a consequent increase of average longevity.

When a company finds, upon an extensive examination of facts bearing upon the subject, that the mortality under the homœopathic treatment of disease is only one-third or one-fourth of that under the allopathic or old school treatment, and that, too, in a catalogue embracing nearly all “the ills that flesh is heir to;” and is willing to champion the righteous claims of Homœopathy, as against all other pretensions in medicine, and takes upon itself the task of diffusing information amongst the people, by publishing and circulating the leading facts regarding the relative merits of

the opposing systems—that company, if otherwise unobjectionable, is entitled, not only to the sympathy, and the “God speed you,” however hearty, of those desirous of the speedy triumph of the cause, but, as well, to such *practical* aid and co-operation, as time and professional duties permit. Nor can this, in any proper sense, be regarded as unprofessional, or derogatory to professional dignity, since Life Insurance thus comes to us as a measure of great public utility, and as an active and powerful ally, in the aggressive movements it is our duty to make against ignorance, bigotry and intolerance, wherever and however found. By giving such support as these institutions may reasonably expect, we are thus enabled to add immeasurably to our moral and effective force, by aiding the companies to place and retain a multitude of able and persistent advocates of our cause, and as a necessary result there can hardly fail to be large accessions to the ranks of homœopathic patrons.

But, suppose these institutions, having Homœopathy for their chief corner-stone, build comparatively slowly, or sustain simply a sickly and languishing existence, because of the apathy of the friends of Homœopathy, we then fail to make available, the means Providence has placed before us for a speedy success. And suppose, still further, that this apathy chills the current of enterprise in this direction, and, while struggling against a naturally sharp competition and the bitter enmity of our opponents, these corporations are induced to abandon their position and change their base of operations so far, as to withdraw the reduction in favor of homœopathic insurants from their plan; then it were better that Homœopathic Life Insurance had not been born, since we have voluntarily yielded to our enemies the vantage ground, and consented that the “good time coming” shall remain but the dim shadow in the perspective of a hazy future.

We have been led to make these remarks, not from any desire to promote the interest of any particular company, but with the hope that they may aid in awakening a more

general interest in the subject, on the part, particularly, of homœopathic physicians, believing, as we do, that in the attitude of these companies towards Homœopathy, and the work they seem calculated to perform, they present to us an efficient agency, which is by no means to be neglected; and that it appears in the light of a duty we owe to ourselves, to the system we represent and to the community in which we live, as well as to the institutions which have voluntarily espoused our cause, to give such countenance and practical support, as the nature of our occupations can permit.

We believe that these Homœopathic Life Insurance Companies may be made available by the profession, as valuable instrumentalities in spreading the onward progress of that beneficent system of medical practice which gives an increase of years to human life, and a fuller measure of human happiness.

ETHER AND ITS DISCOVERERS.—The recent sudden death by sun-stroke, in New York City, of T. W. G. Morton, whose name is memorably connected with the discovery and application of the invaluable anæsthetic properties of ether, and the dedication of a monument commemorative of this great boon to suffering humanity, must bring this subject into the minds of medical men, with renewed interest.

The monument referred to was conceived and erected through the generosity of the late Thomas Lee, Esq., of Boston. Dr. Henry J. Bigelow, by request of the heirs of Mr. Lee, was deputed to surrender the work of art to the City of Boston. One of the features of the monument is the granite group of the Good Samaritan pouring oil into the wounds of the traveller.

That the inhaling of ether causes insensibility to pain, was first proved to the world, at the Massachusetts General Hospital, October, 1846, by its application during a pro-

tracted dissection, which, when followed by one of the severest operations known to surgery, was a final and conclusive test that pain could be annulled with certainty, completeness and safety, no matter who the individual or how great the degree. Before the consecutive experiments which culminated in these points, the discovery had not been made, and the world was ignorant of the truths they asserted. The philanthropist had, indeed, yearned to relieve suffering humanity—the poet had prophetically announced a world free from pain—and the philosopher had made fruitless efforts to unveil the hidden secret. Instances of accidental insensibility had been observed. An ingenious man here and there had devised and tried some single experiment with greater or less success, and tantalized by a possibility at one moment in his grasp, and the next eluding it, had followed up his experiments hopefully, until some great public calamity disheartened him, made his proselytes incredulous, and left the world to still suffer in pain.

Men had been made insensible through mental excitement, or by the agency of mesmerism or hypnotism, by the dead drunkenness of alcohol, the inhalation of nitrous oxide and other gases, and even by the vapor of ether. For years all this had been known as possible, but attracted little attention. Previous experiments were inconclusive, because they led to no constant result. The anæsthesia could not be relied on, nor was it yet demonstrated that it was sure to occur, or that it was proof against the severer forms of pain, and the question of danger from this extraordinary trance was still unsettled. No consulting board of surgeons would have dared to sanction the production of long unconsciousness during an operation, before the series of experiments made at the hospital.

About this time, T. W. G. Morton, an intelligent dentist, then residing in Boston, while seeking for something that would produce insensibility to the pain of dental operations, was induced, by the recommendation of his friend, Dr. Chas.

T. Jackson, to make experiments as to the properties and power of sulphuric ether, and these experiments eventuated, beyond a doubt, in the discovery of one of the most important of all the recent advances in surgery—that of a safe and true method of producing insensibility to the most painful operations.

To whom the credit and honor of this most important discovery fairly belongs, we will not here discuss nor attempt to settle. Both the friends of Dr. Jackson and those of Dr. Morton, have each strongly urged their respective claims, and with so much pertinacity and plausibility, that it was recently humorously proposed to erect statues of both claimants, on one pedestal, with this inscription, “To Ether.”

So great, indeed, is both the merit and usefulness of this discovery, that perhaps the divided honor might be esteemed almost great enough for any one man. Dr. Morton, however, declined to receive any joint award, even from the Paris Academy of Medicine, who had divided the honor between Dr. Jackson and himself; and after a third appeal to Congress, a majority, in 1852, awarded the credit of the discovery to Dr. Morton, and reported a bill appropriating to him the sum of one hundred thousand dollars, as a national testimonial for his discovery, on condition that he should surrender his patent to the Government. This bill was, however, finally defeated. Edward Everett tried to get a similar bill passed in 1854, and it was passed, we believe, through the Senate, but was lost in the House, and thus ended a struggle of eight years, by the last named gentleman to vindicate his claim.

PUBLICATIONS RECEIVED.

UNITED STATES MEDICAL AND SURGICAL JOURNAL, July,
Chicago: C. S. Halsey.

THE MEDICAL INVESTIGATOR. Chicago: C. S. Halsey.

NEW ENGLAND MEDICAL GAZETTE, August. Boston.

EL CRITERIO MEDICO. Madrid.

MONTHLY HOMŒOPATHIC REVIEW, July, August. Turner, London.

NEW YORK JOURNAL OF MEDICINE, July, August. New York.

WESTERN HOMŒOPATHIC OBSERVER. St. Louis, Mo.: H. C. G. Luyties.

JOURNAL OF SPECULATIVE PHILOSOPHY. St. Louis, Mo.

PACIFIC MEDICAL AND SURGICAL JOURNAL, July. San Francisco.

OPIUM. ITS WONDERFUL FASCINATION—OVERWHELMING POWER—TRANSIENT JOYS AND LASTING SORROWS. Cleveland: Beckwith & Co.

ANNUAL CIRCULAR AND CATALOGUE OF BELLEVUE HOSPITAL MEDICAL COLLEGE. New York, 1868-69.

SIXTY-FIRST ANNUAL ANNOUNCEMENT AND CATALOGUE OF THE COLLEGE OF PHYSICIANS AND SURGEONS. New York, 1868-69.

ANNUAL ANNOUNCEMENT OF THE MEDICAL DEPARTMENT, UNIVERSITY OF NEW YORK, 1868-69.

SEVENTH ANNUAL CIRCULAR OF THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI. Session of 1868-69.

ANNOUNCEMENT OF THE DIX HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI, for the education of women. Session of 1868-69.

We observe from the above pamphlets, issued by the Homœopathic Medical Institutions of St. Louis, that our friend and former colleague, Prof. J. H. P. Frost, has been called to the chair of practice in the first named, and of obstetrics in the last. We congratulate the faculties of these colleges on this accession of strength.

NINTH ANNUAL ANNOUNCEMENT OF THE HAHNEMANN MEDICAL COLLEGE. Chicago: Session of 1868-69.

The chair of *Materia Medica* in this institution, so long filled by Dr. E. M. Hale, having been vacated by the resignation of that gentleman, the vacancy has been filled by the appointment of Dr. Theodore Bacmeister. Whatever may have been the merits of the former occupant of the chair, the ability and acquirements of the present incumbent will be conceded by all. Dr. Bacmeister is a graduate of the Homœopathic Medical College of Pennsylvania, an amiable gentleman, and an earnest student of the *Materia Medica*.

FORTY-NINTH ANNUAL REPORT OF THE BOARD OF CONTROLLERS OF PUBLIC SCHOOLS OF THE FIRST SCHOOL DISTRICT OF PENNSYLVANIA, (Philadelphia,) for the year ending December 31st, 1867.

This is a very interesting, though voluminous document, showing, among other things, that the number of children in the public schools, December 31st, 1866, was 77,164, and the number, December 31st, 1867, was 80,410, being an increase of 3,246. Of the number at school in 1867, 40,733 were boys, and 39,677 were girls. It is a startling fact, however, that from this report it appears that of the whole number of children between the ages of six and eighteen, in this vast city, there are upwards of twenty thousand who are not at public, private or parochial schools, or at employment.

Thirty-three new school-houses have been contracted for, all of which will be completed and occupied during the present year. They will all be erected in the most substantial manner, marked care and attention being paid to ventilation, heating and such other hygienic points as have been suggested by those who are best informed in such matters, as desirable and necessary.

OHIO MEDICAL AND SURGICAL REPORTER. Beckwith & Co. Cleveland.

We notice that the editor of this Journal, in his anxiety to make out a case in favor of bi-monthly publications, is not altogether fair in his inferences. We are of the opinion that our Boston and Detroit friends sent a double number merely for the "heated term," and not as a permanent arrangement. As for the *Hahnemannian Monthly*, if we shall ever issue the Journal as a bi-monthly, instead of monthly, we certainly have no such change in contemplation now. The July number contained but two forms, *because four had been printed in June*, and not in consequence of exhaustion—even of paper and printer's ink—although the weather has been such as would excuse the exhaustion of even a *font* of type. We beg the editor to observe that even after having contemplated the stupendous grandeur of his title page, we are not exhausted.

THE HOMŒOPATHIC INDEPENDENT. St. Louis, Mo.

This new candidate for professional favor has been handed to us by a medical friend, but we have not as yet been favored by the proprietors with a copy of the first issue.

AMERICAN HOMŒOPATHIC OBSERVER, August. E. H. Lodge, Detroit, Mich.

This number contains the conclusion of the monograph on *Ustilago madis*, by Wm. H. Burt, M. D., in which a variety of clinical experience in the use of that remedy is given. *Ustilago* gives promise of being a very valuable remedy, particularly in diseases peculiar to women.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY, August. New York: Wm. Radde.

Contains a great variety of valuable and interesting papers, original and selected.

AMERICAN JOURNAL OF HOMŒOPATHIC MATERIA MEDICA, July, August. Philadelphia.

This journal concludes its first volume with a double number, containing the valuable provings of *Mercurius iodatus ruber*, etc. The rather lugubrious article, by the junior editor, termed "Explanation," is somewhat of the hysterical order, and one scarcely knows whether to laugh most or weep most, while reading it. The comparing of the editorial staff and the journal with the old man, the young man and the ass, of the French fable, is very plain, but certainly not very prudent, being eminently suggestive of a more pointed application than it is intended shall be made.

Believe us, dear brother, doctors do not subscribe for medical journals in order that they may play at shuttle-cock with the editor, and they will not long retain respect for or patronize any journal that can be thus used. It is equally as great a mistake for a medical periodical to have no fixed and governing principles for its conduct, as it is for a medical school, under a mistaken view of *liberality*, to permit its students—who, it is supposed, come seeking instruction and advice from those who are supposed to know more than themselves—to hear a variety of opinions, and then go away believing none of them. Some back-bone—more or less—is required even in a lay-figure, and things of more importance—colleges and journals, for instance—need a larger quantity in proportion.

CHOLERA IN THE ORIENT, and its successful treatment and prophylaxis in the epidemic of 1865. By Dr. Cricca, Smyrna: Knight, etc., etc. New edition, revised and corrected. Translated by John Davies, M.D., Chicago, Ill. Chicago: C. S. Halsey.

From the pest-house of the East Indies has flown the Cholera. We must credit it not so much to climate, rank and rotten vegetation, bad water and topography, as to the Hindoo religion. It may seem to be a strange source of disease, but the evidence is too unerring to be disregarded. However healthy it may be in Hindoostan for eight months in the year, when the period for the feasts, celebrations and pilgrimages arrives, thousands and ten thousands of fanatical worshippers start on their tour to the sacred cities and temples. Long distances are traversed; indescribable hardships are endured; weary and famished, Juggernaut is reached. Then commences a licensed reign of excess and debauchery, by day and night. From idol to idol the masses surge—sweated, filthy, drunken, indecent; nothing overhead but the burning sun, nothing underneath but scorching sand. Drenching rains, damp gales and sudden tempests are a relief, but in their footsteps follow quickly malignant cholera, then panic; and all the holy ground is strewn with carcasses. The homeward journey is dotted with corpses. Thus the dread disease is brought to Bombay every year from each of the ninety-four Indian shrines. From that city it reaches the Persian Gulf, Syria and Asia Minor, the Red Sea and Mecca, Cairo and Alexandria, the Mediterranean and the world.

The above handsomely printed little pamphlet of thirty-five pages, is on this interesting subject, and will repay perusal. It gives an account of the recent visitations of cholera at Smyrna, and the results of its homœopathic treatment, as compared with the other methods of cure resorted to. Its author is a distinguished homœopathic physician of Smyrna, who has had much experience in the treatment of this scourge, in the malignant form in which it appears in eastern countries. He is very eloquent on the subject of prophylaxis, and quotes extensively from

the writings of the celebrated Dr. Chargé, on the same subject. We cannot serve our readers better than by reprinting a portion of the words of Dr. Chargé.

"We too generally persist in observing strict rules of diet, as though in this lay the prophylactic. This is an error.

"Hygiene is the science of health. Without doubt it is an essential part of the science of organized living bodies, but it is, after all, only the study of the modifications that may enable us to impress upon health the particularities derived from the economy or system itself, or of the things which exercise an influence upon the health, without, however, going so far as to produce actual disease.

"Before all poisonous emanations, effluvias, virus—hygiene alone is useless. It is for therapeutics alone to combat them.

"Borrowing from therapeutics agents capable of antidoting a miasm before the system has felt its influence, or modifying in advance the organism itself, in order to render null the action of the malarial poison latent in the system, is what may be correctly called making medicine preservative, and thus considered, preservative medicine rests upon a basis as rational as curative medicine; it promises, moreover, results more favorable and procured with less risk.

"But let us enquire whether it is possible during a season of epidemics, of whatever nature, to preserve one's self from its influence.

"Without hesitation, I maintain that this is possible.

"This pretension is not only true in theory, but has been confirmed by established facts.

"It is emphatically true that in the epidemic of Scarlet Fever, *Belladonna* has preserved almost without exception, all those children to whom a small dose of it was given at intervals, longer or shorter, according to the duration of the epidemic.

"All the classical works of the profession cite cases without number, to show the preventative action of *Belladonna*. If their authors pass over the name of Hahnemann in silence, this is a blank which ignorance alone, more or less involuntary, refuses to fill, for it is to that immortal therapist, and to him alone, that the credit of this valuable modern discovery is due.

"It has also been stated by the most competent authorities that *Quinine* cures intermittent fever of the marshes, and, at the same time, insures immunity from a repetition of the attack.

"If, then, *Quinine* and *Belladonna*, obedient to the law of analogy, have proved themselves efficacious in preventing attacks of marsh fevers and epidemic scarlatina, even under the empire of principles which engender these diseases, I ask, why refuse a privilege of the same nature, emanating from the same source, to those medicaments which are found to possess the same pathogenetic relations to Cholera that *Quinine* sustains to marsh fever, and that *Belladonna* sustains to scarlet fever?"

Dr. Cricca, author of the pamphlet, remarks:—

"It is no secret to any one, amidst the many prophylactics offered to the public, that the two principal specifics of our school, and incontestable preservatives against cholera are *Veratrum album* and *Cuprum*. These have proved, after numberless experiments, always successful, to be the best antidote to attacks of cholera, in its characteristic symptoms of coldness, cramps and rice-water discharges. We never fail to obtain the desired results from the use of these remedies indicated by the homœopathicity of *Veratrum* and *Cuprum* to cholera symptoms."

A very great amount of testimony, corroborative of the views of Dr. Cricca regarding the efficiency of preventative medication, is collated. We extract the following, by Dr. Jal, of St. Petersburg:—

"Although I have an extensive practice, some may not be aware that I have treated successfully a great number of cases of cholera. All my patients were furnished with preventatives. Nine-tenths were exempt from the disease; one-twentieth suffered from cramps, which were speedily alleviated by frictions of saturated camphor; five or six had symptoms of cholérine; not one died."

LA CAUSE DE LA PHTHISIE TUBERCULEUSE, par Rollin R. Gregg, Docteur en médecine à Buffalo, (état de New York,) Paris.

For a number of years past, Dr. Rollin R. Gregg, a well known homœopathic physician of Buffalo, N. Y., has been engaged in the investigation of the cause of tubercle, with special reference to that particular form known as tuberculous phthisis. Being dissatisfied with the descriptions of the cause of this extensive class of maladies, as laid down in the works on pathology, he was induced to study the whole subject for himself. By a series of carefully conducted experiments and observations, extending over a considerable period of time, the doctor was led to the belief that Consumption and its numerous kindred maladies, result from loss of albumen by the mucous membrane, and he proposed to issue a work setting forth his views, with their special application to homœopathic treatment. This, however, was not done, and Dr. Gregg, being anxious to submit his views to criticism of the highest authority, prepared a pamphlet and had it translated into French, and submitted to the Parisian Academy of Medicine, in the fall of 1867, by his friend Mr. Austin, who visited Europe at that time. A committee of investigation was appointed by the Academy, as is usual, of which Dr. Guineau de Mussy was the chairman. While the committee have not yet decided upon the merits of Dr. Gregg's essay or conceded his claims in full, the chairman has written him to the effect that it is a subject of earnest consideration, and that for himself he believes the facts set forth in the pamphlet, to be a complete refutation of all that Virchow has written or taught on the same subject. Here the matter rests for the present. We have no doubt that Dr. G. will soon make his researches and experiments

known to the general profession. If they are correct,—and the proofs set forth are very convincing,—the treatment of Consumption may be rendered something more than a nullity, particularly in the department of hygiene; we are of the opinion, however, that Dr. Gregg belongs to a school of medicine whose claims to anything will not be recognized by the French, or any other Allopathic, Academy of Medicine.

CORRESPONDENCE.

The following correspondence is explanatory of itself:

EDITOR HAHNEMANNIAN MONTHLY:

Dear Doctor:—In the July and August number of the "*American Journal of Homœopathic Materia Medica*," I notice the following:

"CORRESPONDENCE.

"Dear Doctor:—I have had a dispute with a friend about the charter of the Homœopathic Medical College of Pennsylvania.

"I claim that it confers degrees under the same charter that it had from the beginning. My friend claims that it is not in any sense the same College that it was a few years ago. Which is right? We have agreed to leave the decision with you. H.

"*Answer.*—Your friend is right. The original name of the institution was the Homœopathic Medical College of Philadelphia; the name was subsequently slightly changed to "Pennsylvania."

"In 1863-64, the institution failed and was sold out, and the building fell into new hands; and we quote from their announcement of 1866-67, 'Under a new and more liberal charter, including a charter for a hospital, obtained from the Legislature in 1864, the College was reorganized and so announced itself. As a legal corporation, the present organization is, of course, not older than the charter under which it was organized.'

"So that all those holding diplomas issued previous to 1864, are holding those of a defunct institution. Dr. Guernsey is the only professor remaining who held a chair in the old College.

"H. N. M."

Now, Mr. Editor, I desire to enter my most earnest protest, as an alumnus of the Homœopathic Medical College of Pennsylvania, against this vile attempt to injure, in the estimation of the profession and medical students, the standing of this, the pioneer Homœopathic College of the world. This *bores* correspondence is literally erroneous in almost every particular, and in spirit it is entirely false. I have always regarded the College, under its two charters, as virtually the same institution, and this opinion I am sure is shared by its hundreds of graduates, who will be surprised to learn that their diplomas, if dated prior to 1864, are those

of a *defunct* institution. The College was never known by any other name than that of the Homœopathic Medical College of Pennsylvania, and the oldest and the newest diploma alike bear on their face no other name. A new charter was applied for and received, because the old charter was not regarded as sufficiently liberal, and a new clause, not in the old charter, was inserted, providing for the establishment of a Hospital. If the College did become from any cause, financially bankrupt, and was "sold out," it fell into the hands of friends, and not into those of the *Philistines*. Dr. Guernsey is not "the only professor remaining who held a chair in the old College." Dr. Lippe is rather too prominent a figure in homœopathic affairs to be thus entirely ignored. But sir, the announcement of the College for the session of 1867-68, is quoted as sustaining the pretended view of Dr. Martin. Turning to this pamphlet, I find the unfairness of Dr. M. fully exhibited, for immediately following his extract, and in the same paragraph, I read as follows:

"But we regard the Homœopathic College, under its different charters, legally organized corporations and individual teachers, as in a medical, although not in a legal, point of view, the same institution."

And in the same connection I read:—

"Hence, all those who have been engaged as teachers in this medical school, and as physicians in its hospitals and dispensaries, as well as all those who have here graduated in medicine, are still the friends and supporters of the Institution in which they have respectively taught and practiced and studied."

These are the opinions of the Board of Trustees; gentlemen, who from their ability and their connection with the Institution, are certainly competent to form a correct opinion, as much so, to say the least, as this oracular editor.

One might naturally suppose that modesty, and a proper sense of the fitness of things, would have dictated to this young man—young in medicine—the propriety of not thus attempting to injure the *alma mater* whose honors he received three years ago. But these failing, he should have been admonished by the old adage, "people who live in glass houses should not throw stones," for if current rumors have any foundation in fact, the Hahnemann Medical College of Philadelphia, whose especial champion and defender this editor is, has no charter at all, the instrument going by that name being for legal reasons, utterly invalid.

Excuse me for taking up so much of your time, and remember that "out of the fullness of the heart the mouth speaketh."

Hoping you will be able to give publicity to this protest,

I am, dear sir, very truly yours, &c.,

G.

My dear Mr. Editor:—The sinistral notices of our *Alma Mater*,—the Homœopathic Medical College of Pennsylvania,—which from time to

time (and just now especially), I see in a journal nominally edited (that is, to the extent of supplying the minute *atrabilia*), by a recent graduate of the same school, remind me, by similarity, of some very disagreeable women of Shakspeare's time; and, by contrast, of a small boy and a larger one, whose history belongs to a later epoch.

The Misses Lear, young in experience, not in years,—had a slight unpleasantness with the old King, their father. And, upon his getting overheated in the dispute, proceeded to turn him out of doors that he might cool off. But it may well be doubted whether (like the *alumnus* afore-said), failing to put the old man out, they would have undertaken to destroy him by pulling his house down over his head.

Of the celebrated boy, or rather boys, it is related that the larger being asked *who made him*, replied he did not remember; and the smaller boy readily giving the correct answer, the larger one responded, "I should think *he might remember, it has not been so very long!*" But what between inexperienced youngness and premature oldness, our editorial "Herr Professor" has already forgotten!

The only question that concerns the profession,—and the one whose practical solution the profession well understand,—is not whether the title of a certain Homœopathic Medical College terminates in Philadelphia or in Pennsylvania; not whether few, or all, or none of its professors have been connected with it for a greater or a less number of years; but whether it does or does not afford superior advantages for medical education.

The student "pays his money and takes his choice;" but let our seceded *alumnus* remember that no new school can be supported solely by depreciating its predecessors; still less can any institution be built up and sustained upon a cobble-stone foundation of detraction, falsehood and misrepresentation, however thoroughly the whole may be cemented by the gall of personal bitterness.

The following anecdote of *Aristotle*, related by one of his biographers, shows human nature to have been very similar "in the olden time" to what we find it now: "Seeing a young man self-conceited, puffed up, and withal ignorant, he said, '*Young man, I wish I were what you think yourself to be, and my enemies what you are!*'"

With much respect, I remain yours, very truly,

AN UNRECONSTRUCTED ALUMNUS.

On behalf of the graduates and other friends of the College, we give place to the letters of our correspondents, as we most heartily sympathize with the proper sense of indignation therein expressed; and in this we feel sure that we are in full accord with their feelings. Although it is very repugnant to us to enter into controversy with any of our

professional brethren, save on strictly medical subjects, we could not, in justice to ourselves or to the Institution in which we have the honor to officiate as a teacher, pass over this deliberate, unprovoked, yet puerile attempt to set in a false light the status and unity of the Homœopathic Medical College of Pennsylvania. The above letters, however, very forcibly express on behalf of all friends of the Institution, everything that was necessary to be said, and we hope *we* shall not soon be called upon to repel any insinuations of a like malicious character that may emanate from the same or any other quarter. Our great desire as journalists and teachers in a medical school, is to serve only the interests of Homœopathy, and to assist in the advancement of scientific medicine, as we understand it, and we do not desire to be drawn aside from this course to view the belligerent qualities of our brethren, or to indulge in any combats on our own account.—EDITOR H. M.

AMERICAN INSTITUTE OF HOMŒOPATHIC PHARMACY.

A MEETING of Homœopathic Pharmacutists was held in Philadelphia, June 24th, 1868, in accordance with the following circular :

" Homœopathic Pharmacutists' Convention.

" DEAR SIR,—

Recognizing the fact that in homœopathic pharmacy it is of great importance that there should be: *First*: UNIFORMITY OF PREPARATION; *Second*: UNIFORMITY OF NOTATION; *Third*: UNIFORMITY OF MEASURE; we deem it advisable that the homœopathic pharmacutists should meet in convention to discuss these subjects with such others as may present themselves. We therefore invite you to meet in Philadelphia, on Wednesday, June 24th, at 10 o'clock, A. M., at F. E. BERICKE'S Pharmacy, 635 Arch Street."

After a temporary organization had been effected, and the object of the convention fully explained, communications were received and read from a number of pharmacutists in different sections of the country, expressive of their interest in the formation of a pharmaceutical association, as proposed.

Walter Williamson, M. D., chairman of the *Committee on Nomenclature* of the *American Institute of Homœopathy*, was invited to a seat in

the convention. Dr. Williamson spoke of the benefits that would arise to the physicians, pharmacutists and the cause of Homœopathy, from the co-operation of all connected with our school, and congratulated the members of the convention on their proposed organization.

Dr. H. M. Smith, on behalf of the committee on organization, reported the draft of a Constitution and By-Laws, which was received, discussed and the articles adopted.

On Thursday, according to adjournment, the Institute met and proceeded to the election of officers to serve during the ensuing year, with the following results:—*President*, William Radde, New York. *Secretary*, Henry M. Smith, M. D., New York. *Treasurer*, F. E. Bœricke, M. D., Philadelphia.

After the discussion of a variety of subjects incident to homœopathic pharmacy, and the appointment of certain committees, the Institute agreed that the next annual session be held in Cincinnati, on the last Wednesday in June, 1869; and then adjourned to meet at the call of the Executive Board.

MAINE CENTRAL HOMŒOPATHIC ASSOCIATION

The regular quarterly meeting of this society, was held in Lewistown, July 14th, 1868. In the absence of the President, the first Vice-President, Dr. C. A. Cochran, called the meeting to order. The minutes of the preceding meeting were read and approved, after which, Dr. Bradford, of Lewistown, read a series of clinical cases.

Dr. C. A. Cochran then followed, presenting a report on *Dysmenorrhœa*. (see page 74 of this number of the Journal.)

In the discussion which followed, Dr. Jas. B. Bell, of Augusta, said: "I have found two remedies frequently indicated in this affection which are not frequently prescribed, viz, *Nux moschata* and *Magnesia mur*."

"Many cases are much relieved by moist heat, as in the application of hot, wet cloths. All such cases will find relief from the use of *Nux moschata*, and frequently a complete cure; the latter, of course, where the remedy corresponds with the totality of the symptoms. I have used the 2c and 1m potencies."

"*Magnesia mur* is indicated when the predominant pain is in the back, and the patient is relieved by having the back pressed. This remedy is also frequently useful in after-pains, when the same symptom is present."

Dr. Thompson then presented a record of some cases from practice, illustrative of the treatment of rheumatism, mainly by the external application of Aconite.

On motion, it was decided that in future the meetings be held semi-annually, in January and July, instead of quarterly, as heretofore.

The association then adjourned, to meet in Augusta, January 21st, 1869, at 1 o'clock, P. M.

IRVING S. HALL, SECRETARY.

THE HAHNEMANNIAN MONTHLY.

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No. 3.

THE BANDAGE AFTER PARTURITION.

BY HENRY N. GUERNSEY, M. D.

(Read before the Philadelphia Medical Society, Sept. 10th, 1868.)

“The imputation of novelty is a terrible charge amongst those who judge of men’s heads as they do of their perukes, by the fashion, and can allow none to be right but the received doctrines. Truth scarce ever yet carried it by vote anywhere at its first appearance: new opinions are always suspected, and usually opposed, without any other reason but because they are not already common. But truth, like gold, is not the less so for being newly brought out of the mine. It is trial and examination must give it price, and not any antique fashion; and though it be not yet current by the public stamp, yet it may, for all that, be as old as nature, and is certainly not the less genuine.” JOHN LOCKE.

At the twentieth annual session of the American Institute of Homœopathy, held in New York, June, 1867, I had the honor to present, as Chairman of the Bureau of Obstetrics, etc., a report on that subject, in which occurred the following remarks:

“In the fourth place, your committee would remark that the custom of bandaging recently delivered women has been so long and so generally

observed, that it might seem out of the question to object to it; and yet I am fully convinced that it is a custom which is injurious rather than beneficial, and one which will ere long be abandoned by all thinking and practical physicians.

"The fact that many women make a good recovery in spite of the bandaging, by no means proves that this application is either necessary or even useful.

"Our reasons for believing it to be both unnecessary, and in many cases absolutely injurious, will now be briefly stated:

"1. On reference once more to the natural position of the uterus and to its suspensory ligament, it will be observed that the bandage has the effect to so elevate the fundus as to threaten its retroversion, and at the same time to favor its more ready descent into the pelvic cavity, thus causing prolapsus and finally procidentia.

"2. The real object sought to be obtained in bandaging, viz., to lessen the size of the abdomen after parturition, is actually defeated by the means used. For the natural disposition of all muscular structures to contract, is absolutely weakened and diminished by the introduction of artificial means, a fact generally admitted. Indeed, we know from observation on a large scale, that the 'pot-bellied women' are found mostly among those who have taken the most pains in bandaging during their lying-in period.

"3. But the most serious objection to the use of bandages for lying-in women is found in their tendency to cause irritation and to impair the circulation. And we think that this influence may even lead to the establishment of puerperal inflammation. What else could be expected, when the abdomen of the recently delivered woman—which, with all its contents, is in a bruised and tender condition—is compressed tightly together, and so confined by a heavy and cumbersome bandage? Is not such a method of procedure contrary to reason, and incompatible with sound judgment?

"By many, as well as by myself, this practice of dispensing with the bandage has been fully tested, found to be far more comfortable to the patient and promotive of a more rapid convalescence. In women heretofore troubled with prolapsus soon after rising from their lying-in period, no symptoms of the kind now manifest themselves, since, unrestrained by the bandage, and entirely uninterfered with, the uterus is allowed to resume its normal position in a perfectly natural manner."

This report was incorporated with, and presented as a part of the report of the Committee on Obstetrics, etc., at the recent annual meeting of the Pennsylvania Medical Society, and at that time gave rise to some comment. Since the above report was first written, I feel free to say that from anything occurring within the experience of myself

or of intimate medical friends, or from any weight of testimony advanced against it, I have found nothing that has caused me to waver in the opinions therein expressed. On the contrary, I desire now to re-affirm that in my opinion the application of the bandage to women, after labor, is a procedure productive of no good result, and that it is, moreover, one from which a great amount of evil may and does flow. In this paper, therefore, I propose to set forth such reasons for these opinions as shall cause, if not belief in them, at least a careful investigation of the facts, and a fair trial; for these alone can satisfactorily settle the question at issue for each individual mind.

I do not wish to tire your patience by entering into any superfluous anatomical detail; yet, to present the subject properly, it is necessary that the anatomical relations of the womb should be considered.

The human uterus has been aptly described as *floating* at about the centre of the pelvic cavity, and may be described as being bounded in front by the bladder and behind by the rectum; having the coils of small intestines superiorly, and the vagina, into which it projects, inferiorly. Its upper end, base, or fundus is directed upwards and forwards, while its lower end, apex, or neck is directed downwards and backwards, forming an angle with the vagina, the direction of which may be figured as forming a line indicative of the direction of the cavity and outlet of the pelvis. In this position it is held by a series of so-called ligaments, which are formed by duplicatures of peritoneum; an anterior, or vesico-uterine, which passes between the posterior surface of the bladder and the neck of the uterus; the posterior, or recto-uterine, which passes between the wall of the rectum and the sides of the uterus; and lastly, the two lateral, or broad ligaments, which pass from either side of the uterus to the corresponding lateral wall of the pelvis. From the nature of these peritoneal investitures, it will readily be perceived that the peritoneum, acting through its continuations in these so-called uterine ligaments, constitutes the

principal supports of the womb, and that from the very nature of things, considerable freedom of movement is permitted in almost every direction; movement downward, however, being more limited than in any other direction. The uterus *in situ*, therefore, may be compared, not inaptly, to an anchored balloon, the so-called ligaments representing, in a measure, the guy-ropes; and that in order that it may be displaced, no very great degree of force or pressure is necessary, and that pressure from above would form a very powerful agency towards displacement downwards.

This description answers for the virgin uterus. The first change produced by the increase in size and weight of the womb, consequent on pregnancy, is that it sinks into the cavity of the pelvis, from which, as gestation advances, it gradually rises, higher and still higher, until it emerges from the cavity of the pelvis and is said to rest on its brim. Immediately after labor has been completed and "a child born into the world," the uterus begins to diminish in bulk, and this process continues gradually, until it has assumed almost the size before conception. Very soon after delivery, therefore, it has contracted to about six or seven inches in length, and in weight to about two pounds; occupying a situation above that in the virgin state, and lying more anterior, with its fundus tilted in a direction decidedly towards the anterior abdominal wall. This position is assumed in contravention of the laws of gravity, and against the resistance offered by superincumbent intestines.

Now the chief objects to be attained in the application of the binder after parturition, as set forth by the advocates of that procedure, are that the abdomen may be moulded or brought back into proper shape, as before pregnancy, and support afforded the uterus in its changed position and condition; this support being necessary, as is alleged, in consequence of the now relaxed abdominal walls being insufficient to maintain the womb until it shall have assumed its normal size and situation.

Let us first examine whether this allegation of the insufficiency of the abdominal walls be true.

If parturition be regarded as a morbid process, it is admitted that it might be expedient that meddlesome interference should be resorted to, in order to compensate for the loss of natural action consequent on the condition being morbid; yet, perhaps, there will not be found a single advocate of this position. On the contrary, I believe that all will agree that parturition is a natural and perfectly physiological process. In this regard, a distinguished obstetrical writer, Dr. Banning, of New York, has said:—"the vexatious contingencies incident to gestation should not be regarded as a legitimate sequence of that condition, but as accidents by the way. First, because pregnancy is no more than a *normal abnormality*. * * * * and because in the most civilized communities (under a proper regimen), it is usual for nature to incept and culminate this marvellous process, with a success and peacefulness that is simply *divinely good*." The experienced accoucheur acknowledges this to be the truth, and trusts, ordinarily, to the wise provisions of nature to bring about the completion of this physiological process. Is it at this point that nature is to be taken in hand, as not able to carry out the process of restoration to a normal condition without assistance? "If there are two points produced and set in relief by nature in her creative efforts, more salient than all others, they are found in the beneficence and wisdom displayed in the continuance and propagation of the races, and the support of the individual. She does not leave the mother in peril, under ordinary circumstances, or dependent on the caprice or will of another, but, yielding to her organic and maternal instincts, she rests from her labors, and is *endowed to meet every needful want*."

Nature has provided the very means requisite to support and maintain in proper position, the emptied and contracted uterus, and she does it by means that are far superior to those proposed and used by too-meddlesome man, and that

do not leave the mother exposed to the contingencies of carelessness, ignorance, or over-officiousness.

While the abdomen is ordinarily described as a cavity, this is true only after evisceration has been performed. At all times during life, the contents of the abdomen are firmly supported, approximated, and mainly held in place by the contraction upon them, carefully measured and graduated, of the abdominal parietes. That this is a fact, numerous proofs can be adduced. After a penetrating wound of the abdomen, when the intestine has been wounded and there is not immediately any evacuation of intestinal contents, through the wound, this may result after several days; showing clearly that the portion of intestine wounded is still in the same position it occupied at the time it was penetrated. By the gentle but equable pressure, the opening in the intestine is retained opposite the opening in the abdominal wall, and adhesive inflammation being set up, the lips of the wounds are glued together, and in this way wounds of the abdomen are not so serious as they would be, if the contents of the gut was permitted to be poured into the cavity. In similar wounds of the stomach, one would naturally suppose that the contents of that sac would be evacuated either through the external orifice or into the abdomen; this, however, is not the case; vomiting sets in immediately after the wound, and continues for some time; a small portion of the contents may be discharged through the outer opening, but if the lips of the wound in the stomach recede ever so slightly from those of the wound in the abdominal wall, by the equable and graduated pressure they are brought again into coaptation, until the healing process has commenced and is finally completed. "How," says John Bell, in his "*Discourses on the Nature and Cure of Wounds*," "without this universal and continual pressure, could the viscera be supported? Could its ligaments, as we call them, support the weight of the liver—or what could support the weight of the stomach when filled? Could the mesentery or omentum support the intestines—or, could its own liga-

ments, as we still name them, support the womb? How, without this uniform pressure, could these viscera fail to give way and burst? How could the circulation of the abdomen go on? How could the liver or spleen, so turgid as they are with blood, fail to burst? Or what possibly could support the loose veins and arteries of the abdomen, since many of them—*e. g.* the splenic vein is two feet in length—is of the diameter of the thumb, and has no other than the common and pellucid coats of the veins. How could the viscera of the abdomen bear shocks and falls, if not supported by the universal pressure of surrounding parts.”

This universal pressure is exerted by the abdominal muscles, and to this power Dr. J. Matthews Duncan, in his valuable “*Researches in Obstetrics*,” happily gives the name of “*the retentive power of the abdomen*,” and this power is exercised at all times and under every circumstance, in order that the abdominal contents may be held and retained in proper position, as well after parturition as during the distension consequent on pregnancy. Thus nature, having furnished all the means and forces necessary to carry on the processes of conception and gestation, and their termination in parturition, does not leave the mother helpless, but has also furnished the means and forces necessary to the restorative process; not in a thing of pins and muslin, but in the abdominal muscles, and in the graduated, and while forcible yet gentle, pressure which they exert.

Is it asked—why, then, is it necessary to bandage the abdomen after tapping for dropsy, or apply a bandage to a sprained joint or a strained muscle? I answer—can no difference be perceived, can no distinction be drawn between muscles wrenched and turned from their legitimate function in the economy and lying under the ban of abnormality, and those fitted and endowed by the Creator to meet an imperative and unavoidable demand? Common sense revolts at such a parallel, and the mind discards it as irrelevant. There is no want of tone and consequent inefficiency of the

abdominal muscles to fulfill the demand, unless the retentive power referred to be rendered inoperative by the cramping process, and—to all intent and purpose—the paralysis induced by the application of a tight roller or binder.

Is the object sought—support of the uterus, etc., attained by the application of the bandage? To this I unhesitatingly answer, no!

Turn to the uterus and consider its anatomical relations after labor, study the shape and contour of the abdomen at this period, and it cannot fail of being perceived that while it is almost, if not quite, impossible to obtain any degree of pressure in a direction upwards, by a bandage, that almost any pressure that may be exerted by that means must have a tendency to force the floating uterus downwards. If a bandage be wrapped around a bladder filled with water, and tightened, the bladder is made none the less, but is simply moulded into a greater length. By analogy, this is the result of the compression applied to the abdomen after labor. The soft parts are bruised and stretched in a direction downwards from their natural position, and by compressing the abdominal walls artificially, the tumefied uterus is pressed downwards into the lower cavity of the pelvis, and by tightening the bandage every day, as is customary, it is kept there, and confirmed prolapsus is the result.

If the bandage is as useful as is claimed, the accoucheur should not do what the surgeon would not do, viz: trust to another's hand so important a matter; yet if he apply the binder himself and adjust it as carefully as may be, it will, nevertheless, assume in a very short time, a position very different from that intended, and instead of being a "belly-band," will be found to have become a "waist-band." If the T bandage is made use of, and most physicians will bear me out in the assertion that in no other shape can it be "kept down," it is obvious that the part passing between the limbs becomes soiled, gives rise to undue heat, irritation and chafing, that will exert considerable unfavorable influence on the lochial discharge, if no more untoward result obtain. If

the simple broad roller or Russian belt be employed, it cannot be "kept down" unless it be made to fit tightly to the person. Is it not plain what results from compression of muscles in any part of the body, for any great length of time. Their tonicity is, so to speak, lost, and their contractility thereby diminished, if not destroyed; thus it will be perceived that what would result from the natural contractility of the abdominal muscles, cannot be attained through them, and the want is not supplied by the artificial means resorted to.

Again, pressure exerted on the abdominal muscles—apart from the considerations above referred to, viz: the pressing downwards of the uterus—retards the circulation of the blood, not only in the vessels of the parietes themselves, but as well in those of the abdominal contents; and in this view I am satisfied that not a few cases of puerperal peritonitis, phlebitis, or venous congestion resulting in apoplexy, have been occasioned by this very application of the binder.

It is claimed that the application of the bandage will often arrest syncope. If this is the opinion of some physicians, it is one with which I certainly do not coincide. Syncope after labor is ordinarily the result of flooding; the pouring out from the numerous patulous orifices on the inner uterine surface, of the life blood of the woman; ejected by the *vis a tergo*, the contractility of the vessels, the hæmostatic pressure, or whatever term you choose by which to designate the ejaculatory force. Now, it would never occur to me, in view of known physical laws, or those of organic necessity, to control hemorrhage and remove the cause of syncope in this way. And, let me ask, is it proper for us, who claim to have the use of a true and universal law of therapeutics, to still retain this part of the "effete and beggarly elements" of a by-gone system.

It is said that as an evidence of the utility of the bandage, the testimony of a parturient woman should be taken. She says it "makes her feel so good," "so comfortable," and

that as she is not liable to be mistaken in regard of her own sensations, she should be a competent witness in favor of the usefulness of the appliance. There are a variety of passions in this world of ours, and the heart is capable of conceiving new ones every day, but there is, perhaps, not one more powerful in the influence it exerts, than that which we may be permitted to call the passion of custom. Through this passion, old things that were not good or true things, have been retained long after their badness and falsity had been demonstrated, and it has aided more in clogging the wheels of the car of progress than any other. Should we give a woman after parturition, brandy and water, for no other reason than that it makes her feel good? Should we give her castor oil because it would, in her opinion, make her feel good to have her bowels moved on the third day? Should we give her prussic acid because she, under an error of judgment, might suppose it would make her feel good to be permitted to "shuffle off this mortal coil?" This proposition refutes itself, and requires no argument for its undoing. If any were needed, it would be fully found in the answering voice of the thousands of women who have escaped this relic of barbarism.

Again, it is urged that the application of a binder is necessary to prevent that most dire calamity, in woman's estimation, the pendulous abdomen, or "pot-belly." If this were true, it would be a very strong argument in favor of applying the binder, for the "human form divine" has no more beautiful exponent of its divinity, than is furnished by the graceful contour of the well modelled and carefully nurtured matron; but, happily, it is not true, and pot-belliedness is the result of the application of the binder, rather than of its non-use. By compressing the abdominal muscles beneath the folds of the bandage, cramping them and interfering with the proper performance of their functions, they are not permitted to bring themselves gradually back to their primitive condition of firm contraction, and this being the case, and their proper office not being called into requi-

sition but attempted to be supplied by artificial means, when the binder is removed, usually shortly after the woman goes about, the results are seen in the loose and flabbed condition of the abdominal parietes and in the rugosity of the abdominal integument; results which are not found when the bandage is not applied, and which, when they occur, are chargeable only to the doctor, and to his ignorance, or rather heedlessness, of cause and effect. A distinguished member of the profession writes me in this connection: "Only yesterday, I was noticing one of our prettiest and most fashionable young married ladies, whom I have attended in her two labors; the first severe and prolonged, and requiring the forceps. Her figure is perfect, and she is far from any uterine weakness." This gentleman does not use the bandage after labor.

In view of the artificial condition of the abdomen—it is said—produced by the wearing of corsets and other requirements of modern fashion—nature, while in her true condition able to perform all her office, is so perverted and inefficient that assistance, at the hands of the accoucheur, is required. The demands of *modern* fashion are, perhaps, no greater than were those of ancient fashion, and there is not, within the history of civilization, any period to be found, wherein nature was not interfered with and her works perverted by the weakness and folly of humanity. In our "grandmothers' time," slender waists, stays, stomachers and hoops were in vogue, and the human female form was no more like the original God-made model, than it is at this day. But let us see what is produced by tight lacing, etc. Marcy & Hunt have the following remarks on this subject:—

"The foolish mother, anxious that her child should grow up in accordance with the laws of a false elegance, with a shape of body moulded to suit the code of fashion, rather than in those once approved proportions which the Creator gave her, envelopes her in corsets and stays, *pressing the abdominal viscera downwards upon the bladder and uterus*, and the thoracic organs upwards towards the throat, and thus moulds

a waist sufficiently small and wasp-like to meet the requirements of a sham gentility."

It appears, therefore, that the result of fashionable dressing is to press the uterus downwards, and out of its natural position. Now, it appears reasonable to suppose that the binder, when applied, would take the place of the discarded stays, and continue the downward pressure; or is it, perhaps, that the binder is *homœopathic*, and to be applied on the principle that what has produced will cure. If so, then to cure a man of hydrophobia, we should have a second mad dog to bite him, or, to an unfortunate poisoned by two grains of strychnia, we should give other two grains to get him well. The fact is, that the more there is a tendency to downward movement on the part of the uterus, produced by artificial appliances, the greater the necessity that unnatural pressure should be restrained, and nature permitted to have her sway.

The pressure resulting from the application of a bandage after labor, cannot fail, even under the most favorable circumstances, of resulting unfavorably. The experienced surgeon, called to a case of severe injury, is anxious to have the resulting soreness and tumefaction relieved, in as great a degree as possible, before applying tightly his bandages and other apparatus; on the contrary, the accoucheur in applying the bandage to his post-partum patient, does not heed this rule. The bruised and sore condition of the abdomen is not taken into account, and the belly is ruthlessly compressed beneath the folds of the belt, without a thought for the possible consequences.

Why should we apply a bandage to the abdomen of a woman after parturition? We do not think of such a procedure with the mare, the cow or the cat. Is it considered that the Giver of all good has been more bountiful and beneficent to his brute creation than to the "ruler over all the beasts of the field," and that man, in this particular, is alone dependent. When we regard the beauty of nature's provision in restoring tumefactions produced in the infant's

head, by prolonged labor, we cannot fail being forcibly impressed with the belief that the same beneficence is meant to be extended to the mother; and, in view of this, it seems to be as great a piece of meddlesomeness to apply the bandage to the abdomen of the mother, as to pinch the child's nose or press its moulded head into the shape we think they should assume.

That prolapsus uteri results from abdominal bandaging, will be testified to by hundreds of doctors and thousands of women, and it will be admitted by all that it results more frequently after child-birth than at any other period; so that it cannot be claimed that the application of the bandage prevents the occurrence of this calamity. On the contrary, those who have discarded the bandage—and they are not a few—will tell you that prolapsus and pot-belly do not follow parturition when nature is permitted to restore the parts; and further, that women who have been troubled with falling of the womb after every confinement, where the binder has been applied, have been radically cured by its being dispensed with in a subsequent labor.

Of the uncomfortableness of the bandage, particularly during hot weather, I need make no remarks. It is patent to all, and needs no comment.

There is a proposition in medical practice that may be said to amount to an axiom, to the effect that it is the duty of the physician to do *the best* in his power, for his patient, and it only remains to be ascertained in what *the best* really consists. We do not admit that Allopathy is that best, and therefore we discard it. The application of the bandage after parturition is a remnant of Allopathy and should be discarded with it, *provided* we have something better in its stead. We have first the light of untrammelled nature, and we declare we have a better therapeutic light than is furnished by Allopathy. By these we should be guided. There is not any condition of the child-bed woman for which it is claimed the application of the bandage would be a remedy, that may not be met—leaving out of the con-

sideration the resilient force of nature, which is permitted to operate through the bandage not being applied—by a better, safer and more pleasant method. We are the recipients of a higher and more bountiful system of therapeutics; the gift of Omnipotence; and only limited by the littleness of man on the one hand, and the greatness of his Creator on the other. Is this system, in which we put our trust, to be laid aside at this juncture?

If the binder is applied, it has a tendency to mask or distort the symptoms of the woman, that should attract our notice and that demand our attention. It is in the properly selected homœopathic remedy we should find the antidote for the complaints of the mother, and not in the antiquated system of pressure. In this, I am not speaking from my own experience alone, but as well from that of numerous other physicians.

If the woman thinks she would feel better if the bandage were applied, the result, in her mind, of relief from some ill-feeling afforded by pressure with the hand, we at once have an indication that will lead us to a remedy. By consulting Bönninghausen, under the heading "relief by pressure from without," we find a series of medicines, one of the chief of which is *Arnica*. Now if other symptoms of the patient correspond with some of the pathogenetic effects of that drug, or if it is not contra-indicated, it will be found a remedy that will cure *tuto, cito, et jucunde*, without the pernicious effects of the bandage, by the application of which, for a possible palliation, possible and lasting evil may result.

If our patient, at the morning visit, tells us that she felt very badly through the night; was restless, and tossed about the whole night long; *Rhus tox.* will be found to exert an almost magical effect; she sleeps sweetly the succeeding night, and a great point is gained, because the homœopathically indicated remedy has been given and prospective danger averted.

If there are flashes of heat, with faint, weak spells; feet

either cold or hot, particularly their soles; the abdomen feels raw and sore; there is a sensation as of something moving about within the abdomen; occasional stitches, extending from the abdomen upwards, even into the head, a grave picture is presented to us. If, in view of such symptoms, the binder should be applied and palliation should even ensue, the true, dangerous condition would be only masked and the result might be in death. *Sulphur*, however, will meet such a case, and in beautiful accordance with the homœopathic law, the symptoms will gradually fade and a condition of comparative health be restored.

When the anus is prolapsed and swollen, whether painful or painless, *Ruta* will be the remedy.

When there is, accompanying the sore feeling of the abdomen, a constant inclination to evacuate the bowels, *Conium* is indicated.

If the anus is so sensitive to the touch that even the pressure of a sheet cannot be borne, *Muriatic acid* will be found to relieve.

If the abdominal walls are found to be retracted and drawn inward toward the spine, *Plumbum* should be administered.

When the patient complains of feeling hollow and empty, and she is troubled with an inclination to long, deep, sighing inspirations, *Ignatia* will remove the whole difficulty.

Where the patient, if she had a binder on, would desire to have it drawn tightly; or where, in other words, she desires forcible pressure to relieve her distress, and is inclined to "double up," for that purpose, *Colocynth* will very soon permit her to extend her limbs, and the distress will pass away.

These are all conditions commonly met with in women, after parturition, and while numerous other remedies might be mentioned, sufficient has been said to make it plain that the ordinary ailments of this period, and for which the binder is recommended as a panacea, are to be met by other means.

While it is true that the bulk of testimony of obstetrical writers is found to be either in favor of, or not adverse to, the application of the binder, this is by no means universal. Very few, indeed, insist on it as an absolute necessity; while many speak of it as a matter of indifference and some condemn the practice.

Ramsbotham mentions it, apparently as a matter of course, but regards it so lightly as to suggest its being left to the nurse, and adduces modesty as a reason why the physician should not himself adjust the appliance.

Churchill, after describing its method of application says: "I do not know that we consider the binder absolutely necessary."

Davis,—than whom there is no higher or better authority, even amongst more modern writers,—repudiates its use entirely, except in case of flooding.

When I first proposed to myself to write this paper, I entered into communication with a number of our professional brethren, in different sections of the country, with the view of ascertaining their sentiments regarding this matter. I have been perfectly amazed at the testimony in favor of the non-use of the binder. With but very few exceptions, all to whom I wrote have replied that they have, for a greater or lesser period, entirely discarded it, or were about to do so. It is my privilege to lay before you extracts from a few of the letters received.

An experienced practitioner of this city writes:

"It affords me much pleasure to be enabled to testify to the truthfulness of your remarks (page 429, *Guernsey's Obstetrics*), in relation to the non-employment of the bandage after child bearing.

"For upwards of thirty years, and in the attendance upon more than two thousand cases of labor, I have yet to employ for the first time, the bandage; a contrivance designated by my preceptor, Professor Simmons, as "the refined barbarism of civilization." I have ever maintained that the use of "the bandage" is the most prolific source of prolapsus, and I could furnish abundant proof in the citation of scores of cases, wherein the subjects of prolapsus for years have been *radically cured* by a single confinement without the use of the bandage."

A distinguished and highly esteemed professor, of Chicago, Illinois, remarks as follows:

"It has been several years since I abandoned the use of bandages after parturition, as a rule. I have made some exceptions in favor of women who, previous to my acquaintance with them, had several times been confined and had become habituated to bandages. In first confinements I decline using them altogether, and this usually establishes a rule for succeeding confinements. My impression is, that physiological reasons are sufficient for discrediting them."

Another learned and distinguished member of the profession, who is also a professor in a Western college, writes, amongst other things, to this effect:

"In 1844, I abandoned the practice of Allopathy, after a thorough investigation of Homœopathy and a full conviction of its truth. Having previously practiced Allopathy for twenty years, and being imbued with the sentiment that the administration of medicines for the cure of disease was fallacious, I was induced to question the utility of all the appliances used in the profession. I was unable to see the necessity for bandaging a woman, after confinement, when the parts are all, more or less, irritated and bruised in the process of delivery. I thought it in fact contrary to common sense and not warranted by any law of nature. By inductive reasoning I was led to abandon the procedure, eighteen years ago, and have ever since rigidly adhered to the decision then made, and with great satisfaction.

"I have little doubt that the use of the bandage has often resulted in inflammation of the viscera and sometimes in death."

From a long and hearty letter on this subject, in which the writer fully explains his views, I select what follows:

"I have not used a bandage for four years; having had, in that time, about six hundred cases of labor. For twelve years, previously, I was one of the most careful in bandaging, not even trusting to the nurse, and yet, notwithstanding all my care, prolapsus and pot-belly would occur.

"Thinking of the beauty of nature's provisions, in other matters, it was forcibly impressed on me to trust her laws in this. I tried it, discarding the bandage with fear and trembling, for a year. Carefully watching the result, I was greatly pleased, and do not now think of applying a bandage to the mother.

"Many cases of confirmed prolapsus have been cured by the simple dispensing with the bandage. My patients get well, with stronger backs, a better shape, the stomach and uterus normal, and previously existing constipation and hemorrhoids very much relieved.

"I would like every watchful physician to make the experiment in a

single case, and see how beautifully and perfectly the abdomen assumes a normal shape and position, and with what certainty the vitality of nature works, when not interfered with."

From another equally experienced and unquestionable source, I am permitted to select the following:

"For ten years, I have tested the non-use of the binder after parturition; and during that time, I am happy to say, no injury has resulted and no complaint been made. On the contrary, it is no unfrequent remark amongst women, that 'there is such a degree of comfort without the bandage, that nothing could induce them ever again to wear it.'

"In no case of primipara do I permit the use of the bandage, and such a spectacle as a 'pot-bellied' woman—as a result—cannot be found in my practice; the *bulk* of evidence in this respect *rises up* against those who still cling to the old custom."

In the letter of a well known and prominent physician of Maine, the following occurs:—

"For some time, two years or more, I have abandoned the use of the bandage, as much as possible,—always when dealing with persons of common sense, and in my own families.

. "All my experience confirms this one point,—that the use of the bandage is unnecessary and injurious."

A gentleman from northern Pennsylvania, writes:—

"During the past three years, my ideas of bandaging after parturition, have undergone a complete revolution. I used to think it *absolutely necessary*; I now think it only *hurtful*, and a *hindrance* to the speedy recovery of the mother. My experience for the past three years has compelled me to this belief, and I entirely discourage the use of the bandage after labor."

But one more excerpt and I shall conclude. A physician of Vermont, who gives also the sentiments of his brother and partner, writes thus:—

"I discontinued the practice of bandaging recently confined women, except in case of excessive flowing or imperfect contraction of the uterus, several years ago.

"My reasons were:—1st. It annoys the patient. 2d. It interferes with natural convalescence.

"I have never witnessed any untoward results from its non-use, but on the contrary, have the testimony of both patients and nurses in favor of the system."

And now, fellow members and brethren, I ask your earnest attention to this subject. Believe me, it is not presented for

the sake of display, for the sake of appearing before you with a paper, or for the sake of being thought singular. No other motive than the benefit of the profession and the community, prompts me to thus give you my voice and testimony against the practice of bandaging child-bed women. I believe it to be pernicious and productive of many of the evils that form the sequelæ of child-birth, and that torture the existence of the mother, dashing the cup of happiness, filled to the brim with the pleasures of maternity, ruthlessly from her grasp. I believe further, that there is no transient good, in the shape of palliation of suffering, afforded through its application, that may not be attained through safer, speedier, better and more homœopathic, and consequently scientific, means. I am satisfied that the belief in its support afforded to the uterus is a chimera, and that any pressure that may be exerted by any bandage, applied with all the skill and adjusted with the nicest art of the most accomplished accoucheur, exerts an unfavorable influence on the whole contents of the abdomen, has a tendency to pressure downwards, and consequently to a forcing of the womb downwards, forwards, or backwards, as the case may be.

I would call your attention also to the fact that those gentlemen of the profession who do not apply the binder, have experience in its application, as well as in its non-use; and having been led either through the force of reasoning, or by the experience of others, to discard it, express themselves as better satisfied with the results of parturition than before; while, on the contrary, those who have always applied the bandage are acquainted only with the result, favorable or unfavorable, of that procedure. I therefore ask, at the hands of all, a careful examination of the facts in the case, and that before the non-application of the bandage is condemned by a single individual, that individual shall have earned, by experiment, the right to condemn. We, homœopaths, of all men, should not condemn anything that may have even the appearance of truth, having ourselves suffered much from *ex parte* judgment; we should, on the contrary,

subject every thing that presents itself in the guise of truth, to the clear light of criticism and experimentation, remembering always the wise words of a wise man, trite, but true as the inspiration of divinity; "*omnia autem probate; quod bonum est tenete.*"

PROVINGS OF GLONOINE.*

FIRST PROVING.

BY P. O. C. BENSON, M. D.

A SINGLE dose was taken, while at a meeting of the New York Central Homœopathic Medical Society, Syracuse, N. Y., March 12, 1868.

Almost immediately after taking the medicine, I felt a pricking on the tongue and in the fauces, with beating and throbbing in the vertex and through the temples, and slightly in the occiput. These sensations come in paroxysms, and are worse on movement.

Later.—Pain over the nose and in the petrous portion of the temporal bone of the right side. Slight pain in the stomach, and sweat in the palms of the hands.

In connection with the above, I would also state, that at that time I was suffering very severely, and had been, for nearly a week, with acute rheumatism of the left knee, so much so that it was with difficulty I could walk. I had taken Aconite, Bryonia and Rhus., without any benefit, and had concluded that I was doomed to another siege such as I had endured the winter previous, when I suffered for some five or six weeks with the same disease, and tried nearly every remedy in our Materia Medica having any bearing on the case. The *characteristics* were:—acute pain,

* These provings of Glonoine were made while the several physicians were in attendance at the recent meeting of the Central New York Medical Society, from medicine furnished by C. W. Boyce, M. D., of Auburn, N. Y.—ED. H. M.

worse on movement, which seemed to be deep in the joint, without much heat or swelling; sometimes, however, it would suddenly commence to twinge or prick, while at rest, very much like the pricking in the fauces mentioned before, though very much worse, so that, for instance, if I were seated at the table at a meal, I would be obliged to rise and straighten the limb, when it would pass away. This latter symptom, however, I had not yet experienced in this attack. It came on at a later period in the previous attack, but I have every reason to believe that it would have been developed in this, had it continued, as every other symptom was similar.

After taking the *Glonoine*, the pain commenced to pass away, and, by evening, I could raise the knee as well as ever. A circumstance occurred that night, which showed how complete was the cure. When I returned home, I found that word had been left for me to go about two miles in the country. The roads were badly drifted, and the rains of a few days before had made the banks so soft that they would not support a horse, so that I concluded to try it afoot, and walked the whole distance, or nearly four miles, partly in the rain. From this I suffered no inconvenience, nor have I felt any return of the disease to this day. I am so confident that the cure was due to the *Glonoine*, that if I am ever troubled in a like manner again, I shall take that medicine at once.

SECOND PROVING.

BY T. DWIGHT STOW, M. D.

March 12th.—At 10 o'clock, A. M., took of the 1st centesimal dilution, three drops, on white or pulverized sugar. At that time I had no symptoms—was in health. Within three or five minutes felt a beating, pressing, dull and hammering pain under the vertex; heat and redness of the face; sinking beating in the aorta, directly behind the umbilicus; dull beating in the left parietal region. All of the pains

are aggravated by shaking the head; stooping; on first motion after rising; on walking, standing, and turning round. Stinging in the tongue, near the centre and tip. One or two heavy, long, but easy eructations. After twenty minutes, sensible increase of frequency of pulse, with flushing of the face; great heat of the face. When rising, blindness, giddiness, and nausea. On attempting to read, in the standing position, darkness before the eyes, fainting, and nausea; rumbling and bursting of flatus in middle and lower abdomen; sense of weakness and apathy. At 8 o'clock, P. M., tremor, sopor and lassitude.

March 13th.—Slight headache on rising; feeling of emptiness in the cranium; weak and tremulous; have voided much of rather pale urine, since noon yesterday; urine yellow and frothy, voided painlessly; headache increases after passage of urine. At 2 P. M., feel tired and sleepy.

For two days more, I felt languor, with disposition to sleep; had a sensation of weakness in præcordia, and soreness just below (under) the vertex, aggravated by stooping or stepping; invariably better when quiet and lying down.

On Saturday, March 14th, a lady acquaintance, Mrs. M. M., with dark-brown hair and black eyes, about five feet four inches in height; thin, but quite active and strong; took one large drop of the 1st centesimal of Glonoine, the same as given to several physicians by Dr. Boyce, of Auburn. In five minutes she experienced a sensation of fullness in the vertex and forehead, with feeling of fullness throughout the body, chest and abdomen; sensation of whirling; of confused vision; of dancing before the eyes; sleepiness; thumping and beating in the vertex; face alternately flushed and pale; palpitation of the heart. Later, her extremities feel bloated; she feels qualmish, with increase of headache. Feels better in the open air. When asked, a day or two afterwards, how she felt, she said, that at one time she was "frightened for fear she had been poisoned; but that no one would catch her taking any more."

THIRD PROVING.

BY W. L. FISKE, M. D.

Took, March 12th, 1868, two drops of Glonoine, 1^c. Throbbing in both temporal regions; increased perceptibly by motion; sore feeling of the eyes, upon motion; faint feeling in epigastrium, with sensation of incarcerated flatus; constriction at top of larynx; throbbing of brain from within outward; hot flushes over whole body, with feeling as though the whole surface would break out in perspiration, the last symptom continuing for hours.

FOURTH PROVING.

BY WILLIAM A. HAWLEY, M. D.

Thursday morning, March 12th, 1868, being in usual good health, I took, about 11 o'clock, two drops of the 1st centesimal attenuation of Glonoine. In about two minutes I experienced a throbbing, hammering sensation on each side of the head, near the vertex, and across in the region of the coronal suture, aggravated by motion, and by looking up; feeling of heat in the face, as if sitting by a hot stove; sweat on the hands. The throbbing in the head continued about one hour and a-half; the other symptoms till I went to sleep at night.

FIFTH PROVING.

BY A. E. WALLACE, M. D.

After taking two drops 1st centesimal; feeling of fullness and compression in occiput; throbbing through the temples, mostly upon the right side; shocks about the heart, with pricking pain in the hands and arms; intense pain in the right temple; feeling as if perspiration would break out all over; sharp stitches in the heart; pulse 100, after three minutes; vertigo, with dimness of vision; face feels hot, full and bloated; can count the pulse by the heart-shocks;

drawing through the shoulders; respiration hurried; feeling of fullness through the chest; feel sleepy.

Belching of wind from the stomach, with feeling of pressure at pit of stomach; feeling of tightness about the lower part of the chest; feeling of heat at pit of stomach.

Feeling of soreness and looseness in brain.

SIXTH PROVING.

BY R. E. BELDING, M. D.

March 12th, 1868, 10·47, A. M.—Took two drops of the 2d centesimal dilution. In three minutes, much fullness in the head, with a throbbing in both sides of the head, above and behind the temples, but accompanied by a pricking sensation on the left side of the tongue, near the tip. In ten minutes, the same throbbing, with almost a twitching in the integuments of the head, in the same place as before mentioned; worse *after* getting up, walking across the room, and sitting down again. A marked enlargement of the temporal veins, with flushed face. This I have noticed on many provers. All the symptoms passed away on eating dinner.

SEVENTH PROVING.

BY D. J. CHAFFEE, M. D.

Pressure in vertex and occiput. Pressure and fullness in forehead and over the orbits; beating over the orbits. Faint feeling at pit of stomach, that is hard to describe. Sinking feeling in head and chest; like that from working in a very hot room until nearly exhausted. Head and stomach feel as if I had been out in the hot sun, and without dinner. Taking a long breath does not relieve; and moving the head aggravates. Rising up makes beating in the forehead worse. Eyes feel sore on being moved. Pain, coming and going, in left parietal region. The sinking at stomach comes in paroxysms. Pulsation in left temple;

confused feeling; cannot collect my thoughts. Pulse 83, and hard. The left elbow feels weak and aches. The left knee feels weak and aches. Head felt best when the hat was off, for two days. On the second day, the brain felt sore; the jarring of the cars made it worse.

W. G. CHAFFEE.—Pain in the top of the head,—throbbing. Slight pain in the right leg, below the knee. Pain in the left leg, below the knee. General languor. Sharp pain in the left knee. Pain in the forehead, above the eyes, from the sides.

CLINICAL EXPERIENCE WITH GLONOINE.

BY C. W. BOYCE, M. D.

Wm. L., *æt.* 20, has been subject, for several years, to headache. The pain principally occupied the region over the eyes. Generally, only one side at a time was painful. The pain was constant, whilst present, and not paroxysmal. This pain had, for several years, been present at irregular intervals. It was sure to come on as soon as the warm weather came, in the spring, and lasted until the cold weather, in the fall. Every day, as soon as the sun had risen, the pain commenced, and increased as the sun rose, and attained its greatest intensity whilst the sun was hottest, gradually subsiding as it went down.

When first brought to my notice, in May last, the pain had become more intense than ever before. Mr. L. had been obliged to give up study and remain at home. The rays of the sun on his head were not to be borne, and *his head would not allow the hat to touch it*. This last symptom was always present. The pressure or weight of the hat could not be borne for a moment.

Of course, with this condition, he could enjoy nothing—the night being the only time when he was free from pain. At last this was denied him, and the pain remained, to some extent, as long as he was awake.

On comparison of symptoms, no remedy had all the conditions so well as Glonoine—especially the aggravation

from the touch or weight of the hat, and the increase of pain from the sun. Having no Glonoine except the first dilution, and not wishing to give this before diluting higher, it was thought best to test the preparation I had, and in order to do this, three powders of sugar were saturated with the first dilution. Two students of medicine, and the writer, took each a powder. Almost at once, the writer's head began to throb, and, for an hour, all the arteries in the head became as distinct as though they had been dissected out and were on exhibition. The head was full of blood; motion increased the throbbing and pain. This condition lasted all day. Bryonia was taken, but did not relieve the distress. No other symptoms were present.

On one of the students, a pain was produced *over the eyes*, of the same character as that reported by the patient under consideration. The next day this same student took some pellets of Glonoine, 2^c, which produced this same pain again. The other student experienced no distinct pain in the head, but felt an indescribable pressure in the head, compelling him to suspend business, for some minutes only. There was no doubt of the power of this preparation of Glonoine.

Next day the patient was given several doses of the third dilution, with no result. After waiting several days, with no relief, he received a powder of Glonoine 2^c, which was dissolved in four table-spoonful of water, of which he took a table-spoonful every six hours. After the second spoonful, his head became intensely painful; and, after the third and fourth, he became almost frantic. The pain lasted, intense, all night, which it had never done before. However, when the morning came and the sun rose, he was surprised that the pain did not increase; on the contrary, it decreased, and lost from this time all its severity. It gradually lessened and finally ceased altogether; and all through the hottest weather of the season, his head has been entirely free from pain.

Mr. E. L. S. was taken, suddenly, with a violent throb-

bing in the epigastrium, accompanied with a sense of sinking or faintness. He was compelled to avoid all quick motion and keep away from all business excitement; quick walking put him out of breath, when he had to sit down.

One of the provers of Glonoine, at Syracuse, complained of a throbbing in the epigastrium, closely resembling this complained of by Mr. S.

He received Glonoine 3d, which soon relieved him, and he resumed his business in a few days.

THE BASIS OF THERAPEUTICS.*

BY J. H. P. FROST, M. D.

"Truth, O Guest, is an excellent thing, and durable; but to this we are not easily persuaded."—PLATO. *De Legibus*.

The object of the following paper is not to initiate a controversy with one for whose devotion to Homœopathy and superior attainments in medical science we have a sincere respect,—however great the difference which may obtain between our views of the true basis of therapeutics. Our aim is simply the elucidation of truth; neither assuming absolutely to possess it ourselves, nor pinning our faith on any man's sleeve, we adopt for our own the well known motto: "*Nullius addictus jurare in verba magistri*." But while we yield to none in our reverence for Hahnemann, and faith in the great principles in developing which he spent his life, we believe that this faith and that reverence may be best displayed by following the course upon which he advanced so far; by still further developing those principles, and especially by striving to extricate them from the errors which, even in his own writings, still cling around them. The very greatness of the work in which Hahnemann was

* The Anatomical Basis of Therapeutics. By W. Sharp, M. D., F. R. S. —*Monthly Homœopathic Review*, August, 1868.

engaged, rendered it impossible that he should live to complete it. Nor do his most ardent admirers claim that he was infallible, or perfect in his comprehension of scientific truth. And yet, so long as we can see in his successive essays the gradual unfolding of higher and clearer views, we should be very chary of allowing his ultimate conclusions to be overshadowed by the narrow and erroneous notions which obstructed his earlier progress. In the absence of the records of his latest experience,—so unfortunately withheld by the will of a single individual—we must ourselves correct the apparent inaccuracies of careless or partial statements, by the aid of his own acknowledged and highest principles. In undertaking to render an author consistent with himself, if any of his expressions require to be modified, surely it should not be those which enounce his most cherished doctrines.

The maxim which our author presents from *Locke*, we are quite willing to accept:

“He that would not deceive himself ought to build his hypothesis on *matter of fact*, and make it out by sensible experience.”

Although the *sensationalism* of this philosopher is now far less influential than formerly, its leading idea very completely covers the present ground. The only question being, on which side we shall find the matter of fact. And we make bold to affirm that this maxim is far more descriptive of the position of those who gather their facts at first hand, who receive *sensations* and *symptoms*, and act upon them in their *natural form*,—whether they be in obvious connection with certain parts of the body, or whether, as is often the case, they have no particular anatomical relation; than it is of the position of those who must transmute the same sensations and symptoms into what they imagine (with greater or less reason, and consequently with greater or less liability to, or certainty of mistake), to be their *anatomical equivalents*, before they can commence the task of finding the corresponding remedy. With all deference to our author, we cannot but think that it will appear manifest enough to

every one, that the "*matters of fact*" pertain, in this connection, rather to the *symptomatisists* in pathology and "*symptom-coverers*" in therapeutics; that the actual "hypothesis" and the possible "self-deception" belong to those who will receive the natural phenomena of "experience" only at second hand, and act upon them only after they shall have been passed through their theoretical mill of anatomical interpretation; and that it was only from an unfortunate *ignoratio elenchi*, that the learned author did not at once perceive how adverse to himself was the direct and potent application of his own text.

The opinion held by most professed homœopaths, that the only true basis of therapeutics is to be found in the law of the similars, appears well founded, even when tried by our author's test. For this law proves to be something more than a mere hypothesis, being an established principle, developed by Hahnemann from much "matter of fact," and ever since confirmed by the "sensible experience" of many others. And we think it justly claims to be accepted as an universal law of cure, or all-sufficient basis of therapeutics, since it is in reality no other than a general formula, expressive not only of a vast number of facts, *but of all the facts in the case*. These component facts are divisible into two distinct and complementary classes: the *pathogenetic*, of experiment, and the *clinical*, of experience. Each of these may be considered as a semicircular arch; while the union of the two in one perfect circle, forms a double arch, which becomes the sound, substantial and complete *natural basis of therapeutics*.

The entire insufficiency of anatomy as a basis of therapeutics, on the other hand, will be better illustrated by a single example, than by any number of arguments. Take *headache*, the very name is anatomical; but this by no means aids in the choice between the one or two hundred remedies which have this affection in various manner and degree. Nor is the selection determined when we add the more precise indications of occiput or sineiput, and right or left side.

We need but to refer to those cases in which the disorder passes from one part of the head to the other, or entirely involves it, in order to show still more conclusively the impossibility of prescribing for headache by anatomical indications alone. The accompanying *physiological* or *pathological conditions*,—which refer to plethora, congestion, anæmia, etc.,—must also be taken into consideration; as well as the *dynamic conditions*, the degree and nature of the pain, the entire *subjectivity* of the cephalalgia itself, and all its “moods and tenses” of aggravation or amelioration. Long before the anatomist can find means to determine which particular structure or organ within the cranium is affected, and what remedy corresponded to that particular structure; the homœopathician, following the pure guide of nature’s direct teaching, and accepting the language of her symptoms without translating them, will have cured his patient. For, in our day, at least, nature is not the Sphinx-destroyer of ancient fable; she but asks us to accept the simplest and plainest utterances, and through them she gives us health and life.

We contend, then, that the “matter of fact” is with those who most faithfully study the symptoms; who adopt what our author terms “the symptom-method.” But let not the advocates of the “anatomical basis” be too swift to exult over such acceptance of the designation, or to despise the claim with which it is accompanied. Under the term *symptoms* the homœopathician *includes all that can be learned* respecting the disorder of his individual patient. Hahnemann’s minute and exhausting directions for the examination of the patient amply prove this. For these directions comprise not only the *totality of the present pathological condition of the patient*, but regard also his past history and that of his parents and grand-parents. Hence it is evident that both the *causes* of the disorder, and its *anatomical relations* cannot fail to be considered. And we hope we may not be deemed discourteous, if we affirm and prove, that to assert with our author, that “the symptom-method ignores anatomy, physiology,

pathology, and diagnosis, and renders them useless," *is simply to show ones self very much mistaken.*

For "anatomy," let the reader turn to Bönninghausen's "Therapeutic Pocket Book," a work held in the very highest esteem, and constantly consulted by "symptom-method" physicians; there he will find arranged in their appropriate sections, *all the anatomical indications* (even to the "tips of the toes" and "finger," and "toe-nails,") which our pathogenesis had then recorded. So far from neglecting the "anatomy" of his patients, the "symptom-coverer" minutely and faithfully follows every anatomical indication which our present *Materia Medica* affords; and still, like Oliver, earnestly asks for "more."

In regard to physiology, we need say but little; those who adopt the "symptom-method" are faithful physicians, otherwise how could they make such splendid cures as our author freely acknowledges they do? Is it not, must it not then be their constant life-study to mark with untiring accuracy every variation of their patient's condition in all the physiological aspects? to watch how, in sickness, all the normal functions successively become abnormal or pathological; and with grateful hearts to observe, in convalescence, the gradual reversion of this many-sided process?

In respect to "Pathology," we cannot but regard our author's assertion as "the most unkindest" of all. In the sense of the term pathology,—morbid pathology, pathological anatomy, etc.,—which was most common in Hahnemann's time, and even now in the allopathic school, the science (if indeed it be worthy the name), is indeed of small use to the homœopath, who is anxious to know how he may cure his patient, rather than to be able to expatiate learnedly upon the state of his body after death.

In its full and proper sense, pathology includes *all* that can be discovered of the patient's deviation from the normal standard of health; and comprehends alike *all the "symptoms," morbid conditions, their consequences, and their causes.* Such pathology (which alone is worthy the name of science),

becomes the perpetual study, *in the living subject*, of the homoeopathician,—and this all the more as he renders himself liable to be called a “symptom-coverer.” This pathology does not exclude *post-mortem* examinations; it may sometimes end with them, but it never begins with them. It embraces alike all the purely *subjective* or *sensational* symptoms, all *physiological* or *functional* deviations; and all *objective* or *external* morbid changes in form or color, in structure and in tissue. And if the practitioner of the “symptom-method” overlook any of these causes, indications, or consequences of disease; if he fail to “render to Cæsar the things that are Cæsar’s;” and neglect to give to *each class and particular evidence* of pathological deviation *its just value*, in making his prescription, his diagnosis and his prognosis, he will come to grief, and his patient with him. Indeed we think it cannot but be obvious to every intelligent and candid mind, that no class of physicians more anxiously study and weigh the *just value and due relative importance* of pathological conditions, and consequently that none are more thorough students of pathology properly so called, than are those of the “symptom-method” persuasion.

CLINICAL OBSERVATIONS.

BY ADOLPH LIPPE, M. D.

Mr. Wia. E., *æt.* 21; a robust man, with dark complexion and black hair, was taken ill on the 9th day of August last. Born in Philadelphia, he had lived there until within eight months, during which latter period he had been engaged in the lumber business, and lived near a saw-mill, in South Carolina. In that country, Fever and Ague was prevailing, and he had been persuaded, in order to keep off the effects of miasm, to take a dose of Quinine in whiskey every morning. He had no attack of the prevailing malady while in South Carolina, but on his return home, was seized with

a severe chill, early in the morning of August 9th, after having spent a sleepless night. During the chill, and still more during the heat which followed, he complained of a violent headache, fullness, throbbing; the eyes were blood-shot and very sensitive to the light; pulse 120, hard and full; thirst for cold water; the tongue was slightly furred and red on the edges; face very red, purple color. At noon of this day, he received a single dose of *Belladonna*, 2^c; when he soon broke out in profuse perspiration, and improved in every respect until August 11th, when he had a discharge from his bowels in the afternoon, followed, during the evening, by very frequent, painless, watery, black, very offensive, and involuntary stools; abdomen tender to the touch; pulse very small and hard; mouth dry; complained of very great debility. There was ordered to be dissolved six pellets of *Sulphuric acid* 2^c in half a glass of water, and a spoonful to be given every two hours until the diarrhoea should cease. He received but a single spoonful before the desired effect was produced. He commenced to improve, until the 13th, when he had a return of a similar discharge from the bowels, which was at once checked by a repetition of the solution of Sulphuric acid, when he again began to improve. He slept considerably, drank very little, and occasionally asked for a small quantity of very light food. On the 18th he had a very restless night; slight headache and more thirst; the pulse again became small and hard; he was more uncomfortable after midnight, and would have tossed about had his weakness not prevented it. He received one dose of *Arsenicum*, 40^m, after which he continued steadily to improve.

On the 25th he sat up; his appetite returned and he was fully convalescent.

Sept. 6th. He was perfectly well, with the exception of profuse perspiration at night, which was speedily checked by a single dose of *Psorinum*.

*Saccharum Officinalis.**

Dog "Tip," belonging to my youngest son; probably in his sixth year; very fond of sugar, of which delicacy he received quite an abundance. He became blind in the right eye; the cornea being entirely opaque. As sugar had caused dimness of the cornea (*vide Symptom 22, Hahnemannian Monthly, Vol. III., page 142*), I gave Tip one dose

* On page 140, of the January number (1868) of the *British Journal of Homœopathy*, an attempt has been made to criticise my publication of the fragmentary provings of, and clinical observations on *Saccharum officinalis*, as found in the October number, (Vol. III) of the *Hahnemannian Monthly*. Inasmuch as the critic has therein asked to be furnished with some more precise details, we take great pleasure in attempting to fulfill, in a measure, his requirements.

We feel obliged for the references made to the experiments of Magendie, Tiedmann and Gmelin, as well as for the recounting of the effects of sugar as an article of exclusive diet. These experiments do not appear to help the case of the reviewer, as all the animals fed on a single article of diet, such as sugar, gum, olive oil, butter, starch, etc., died of *inanition*, but in the case of animals fed exclusively with *sugar*, starvation was accompanied by *ulceration of the cornea*. This ulceration of the cornea took place after repeated experiments with sugar.

The reviewer assumes that sugar must be inert, because it can be taken in the form of "*lollipops*," without causing any discernible derangement of the system. Cannot my homœopathic friend comprehend the difference between a potentized and a non-potentized substance? Let him submit to the oxy-hydrogen microscope, a drop of sugar-water prepared in distilled water as the 30th potency, and a drop of unpotentized sugar-water (*eau sucrée*) and learn the difference between the two states of the same form of matter. And what becomes of the argument of the learned critic in the case of salt? This compound is used as an article of diet, but repeated experiments have proved that this does not interfere with the curative or sick-making action of the potentized *Natrum muriaticum*. The 30th potency of Nat. mur. and of Sacchar. offi. causes symptoms in the healthy and cures similar symptoms in the sick. *Carbo. veg.*, *Silicea*, *Lycopod.*, and others may also be mentioned in this connection. The attempt at witticism, on the part of the reviewer, is, however, a failure.

"*Uebergrosse Schamhaftigkeit*" has been rendered "great modesty" (chastity) and it means an excess of "prudery" shown by a prover, which was so remarkable as to be note-worthy. As this is one of the most admirable of qualities in woman, why should it not be mentioned; and wherefore the absurd line of argument taken by the reviewer?

of *Sacchar. offi.*, 30^m. Improvement began and gradually continued, and now and for the last four months his right eye is as clear as the left.

A very valuable horse had been affected with ophthalmia, and an amateur practitioner had administered repeated daily doses of a very low potency of Euphrasia. The cornea became opaque and blue. A month after the administration of one dose of *Saccharum*, the previous ophthalmia returned; hot excoriating tears were discharged profusely. This ophthalmia yielded to one dose of Euphrasia, 2^c, but the cornea still remained opaque. A second dose of *Saccharum*, 100^m, effected an entire cure.

Prof. Geo. Foote had complained for years of indigestion. He could partake of but very few articles of food; milk, eggs, and bread, constituting his principal diet. Every thing else caused pain in the stomach, and he often suffered from the most violent retching, even unto vomiting; throwing up only tenacious mucus; *he had a great longing for sugar, which relieved him temporarily.* His general health was much impaired, so much so that he was obliged to relinquish the chair of surgery he so ably filled in our school. A letter received from him, of date November 2d, 1867, is herewith given, without further comment.

Dubuque, Iowa, Nov. 2d, 1867.

DOCTOR LIPPE:—

My Dear Sir,—I want to testify unto you as well as thank you. The last remedy, *Sacch. 44^m*, has done wonders for me. I waited until I was moved, settled, and rested from the journey before taking it. Since leaving New York my retching had terminated in throwing up of bile, and usually came on in the night, say about one o'clock. After taking one dose of the sugar, on the 12th, I had an irritating cough on lying down, lasting a couple of days, with tickling in the fauces and a great desire for exercise, which I indulged.

The cough disappeared, and with it all my stomach difficulties. I have a great appetite and can eat anything. I digest anything I take, and indeed I feel quite ashamed at the quantity of food I take while at the table.

The fact is, I am *well again*, and feel like putting on the harness. With kind regards to the family, I am, as ever,

Truly yours,

GEO. F. FOOTE.

(To be continued.)

CLINICAL EXPERIENCE.

BY HENRY N. GUERNSEY, M. D.

TINEA (PORRIGO) DECALVANS.—This is an affection in which the hair falls off in circular patches, leaving the denuded scalp usually quite smooth. By microscopic investigation, it appears to be the result of a fungus which invests the hairs at their roots, and thus destroys them, and has been usually regarded as a disease of very intractable nature, even under homœopathic treatment; and if left to itself will eventually sweep every hair from the head. The modern plan of treatment proposed in the allopathic school, and accepted by some physicians of our own, would be the application of some chemical to the affected parts, with the view of destroying the fungi. I am able, however, to offer, from my own experience, the following hints to a correct homœopathic medication.

In cases in which the scalp is found to be *perfectly dry and rough*, ARSENICUM is a remedy which will be found to exert an almost magical influence. The disease itself will be checked in a few weeks—even cured in that time—and the hair will finally reappear, and a new and natural growth relieve the patient of disagreeable baldness. In my hands a very high preparation has been very efficacious, and one or two doses are usually sufficient. The same remedy will be found to be curative, in cases in which the scalp is found to be covered with dry scales or scabs, extending, sometimes, even over the forehead, face and ears.

A few years since, a case of this nature came under my care, which well answers as an illustration. A babe, one year old, was affected with the disease, and in conjunction with it were found the following symptoms: Stools pap-like and somewhat undigested, and of a very light color, indicating a want of biliary excretion; emaciation, restlessness, and a general feeling of unhappiness; the whole forming a true picture for Arsenicum. A homœopathic physician of the Organopathy school, who had had the child

under his care for several months, without good result, declared that the liver was "out of order;" that this derangement he must cure first, and afterwards he would attend to the scalp affection. *Arsenicum* 8^m. (Jenichen), two doses, cured the case entirely, and the child became perfectly healthy.

In scalp affections of whatever nature, where there is an *exudation of clear glutinous fluid, forming moist scales*, GRAPHITES will be found to be the specific. I have always prescribed for such cases, Graphites 8^c, a single dose, and awaited the result before repetition.

When the denuded scalp presents the appearance of *clearness, whiteness and smoothness*, PHOSPHORUS may be prescribed with much confidence, it having, in my hands at least, when given in a very high potency (19^m), been very efficacious.

In children of leuco-phlegmatic temperament, with open fontanelles, where the *scabs are thick and cover in a quantity of thick pus*—where the scabs are large, *even one-half of the entire scalp being coated with a single scab*—CALCAREA CARB. will be found to effect a cure in the course of a few weeks.

In none of these affections should the scalp be washed, or even wet, and external applications of every kind should be carefully guarded against. Moisture seems to exert a prejudicial effect, and even promotes the increase of the fungi—the alleged cause of the disease.

SUPPRESSION OF URINE is an almost constant attendant after parturition; is always annoying to the physician, and sometimes dangerous to the patient. There are cases in which the secretion of urine goes on as usual, and the bladder gradually fills up, while the woman experiences not even the slightest desire to urinate. By placing the hand over the region of the bladder, which should always be done, the distended sac is readily made out. ARSENICUM will speedily cause the patient to void her urine, by removing the partial paralysis which is the cause of the difficulty.

CLINICAL RECORD.

ONE of my private patients, a retired naval officer, informed me that, when he was a midshipman (some thirty years before), he had, among other venereal diseases, contracted the fig-wort (condylomatous) variety. The warts were simply snipped off with scissors, and their pedicles cauterized with nitrate of silver; he had thought no more about them. As this gentleman had, up to the time he consulted me, been unable to rear his male children, doubtless in consequence of the transmission of his own constitutional taint (which, however, had affected his daughters in a less degree), I advised him to give his infant son, the only one that remained of his three sons, Nit. acid, three globules, thirtieth dilution, once a week, for two or three months. After the second dose, to the patient's great surprise, several warts, very similar in appearance, but much smaller in size than those he had himself had, came out on the child's prepuce. A succession of these warts continued to come out, and then to drop off of themselves, for some months, under the continuous exhibition of this remedy, at the intervals mentioned. From that time until his two or three and twentieth year, my patient had continued in such good health that no other special treatment, beyond the occasional exhibition of *antipsorics*, at long intervals (on account of the psoric taint which existed, in a slight degree, in both his parents), was thought necessary, when an unsightly *syphilid* made its appearance in the face. The eruption continued for several years, sometimes apparently cured, then breaking out again in all its original intensity. During this period, *Merc. sol.*, *Merc. jod.*, *Aurum*, *Ars.*, *Sulph.* and *Nit. ac.*, in various dilutions, as well as a course of mineral waters, were prescribed with advantage. The disease, however, only finally yielded to *Petroleum*. The purity of the patient's morals precluded the possibility of any other source of infection than an hereditary one. The case is remarkable in demonstrating the distinctness of the

symphilitic and sycotic miasms. It may not be uninteresting to add that this gentleman is now a healthy married man; and, from the analogy of similar instances, I hesitate not to predict that his offspring will be untainted.—CHEPMELL'S "*Hints for the Study of Homœopathy.*" London, 1868.

I had occasion to prescribe *Sulph.*, in the thirtieth dilution, for a medical friend who had, from his childhood, suffered from the effects of the too rapid suppression of a cutaneous disease by sulphur inunctions. Although at present one of our most distinguished provincial colleagues, he had for many years been obliged to give up practice on account of the constitutional drain occasioned by the formation of an enormous abscess in the cellular tissue, between the bladder and rectum, which had been thus engendered. On the evening of the day after he had taken the homœopathic remedy, his attention was attracted to the sulphurous odor of his skin, a phenomenon which continued for eight or nine days. His watch, a silver one, and the silver money in his pocket—which he showed me—were coated with sulphuret of silver. The material sulphur thus eliminated, had, in fact, been pent up in his system for more than twenty-five years.—*Ibid.*

IMPORTANT NOTICE TO SUBSCRIBERS.

WE desire to call the attention of subscribers to the *importance*—in remitting the subscription price—of *making it plain to whom the money is to be credited*. We have several times received money, without any mark or sign, other than the post-mark on the letter, by which we could tell from whom it came. We have now two receipts, of this character, from Brooklyn, and one from New York City. In both cities we have hosts of friends, and it is impossible for us even to *guess* who these brethren are. We invariably send an acknowledgment, by mail, as soon as money is received; if, therefore, any subscriber has sent us three dollars, and has not had a receipt in return, it would be best to communicate with us immediately. Postal orders are safer for both subscriber and editor.

We feel impelled to express our extreme gratification at the numerous notices complimentary of this Journal, which have come to hand in conjunction with other *tokens* of appreciation. We have measures in progress, which, if they result successfully, will aid in placing the *Hahnemannian Monthly*, to say the least, on an equal footing of utility with any homœopathic periodical in the world.

REPORT ON THE CATTLE DISEASE.

BY BUSHROD W. JAMES, M. D.

(Read before the Philadelphia Medical Society, September 10th, 1868.)

HITHERTO there has appeared to be no necessity for a report from your Committee; but, inasmuch as there is now a fatal disease, of a contagious nature, prevailing amongst cattle, at certain points in our country, and as the cattle for our markets are mostly brought from distant localities, and it is by no means unlikely that some may even find their way here, from points where such malady is prevailing, it is deemed expedient to call the attention of the Society to the fact, in order that its members may be on the alert, and by proper observation, in a scientific point of view, aid in a thorough investigation of the matter, not only as to the disease in its character and spread, but as well to the mode of detecting the distinctive appearances, microscopical or otherwise, of all impure or contaminated meats that may come to us through criminal carelessness or neglect.

The danger of using diseased meats may be judged of from the following circumstances:—

A man, whose hands and arms were scratched by berry-bushes, skinned, for their hides, two cows that had died of the cattle disease, and shortly afterwards tumefaction and great pain set in in the upper extremities, as the result of the poisonous inoculation, and, in spite of medical aid, he rapidly sank and died. His sister, who nursed him during his sickness, and was, of course, more or less in contact with him, was also similarly affected.

Last spring, I obtained from Mr. Joseph Camm, a prominent farmer in the central part of Bucks county, a description of the infectious cattle disease that had prevailed in some of the townships north of his farms, he having taken the trouble, at my instigation, of visiting the various localities where cases had occurred, and investigating the subject. It appears that the first symptoms noticed are, that the animal ceases to eat, and stands alone, with the head hanging down; there is a dull, sunken look out of the eyes. If a milch cow, loss of milk occurs. A febrile condition then sets in, with weakness and trembling of the limbs, and, sometimes, a shivering of the whole body; short

breathing, and, afterwards, apparent suffering, with an occasional moaning and cough; then purgation, to a greater or less degree, great prostration and death.

An extract from a letter I received, about the same time, from Dr. B. Smith, of Newtown, relative to the subject, may not be uninteresting just here, inasmuch as he was appointed by the agricultural society of that locality to report upon the disease. He says:—

“The cattle disease you refer to does bear a strong resemblance to the European Rinderpest. It is considered very infectious: generally goes through a herd, unless great care is taken to isolate the diseased from the healthy at an early stage. The mortality has been about fifty per cent. Those that recover are a long time regaining their strength; and, if they abort—which mostly occurs—they are useless for the dairy for about one year.

“The disease appears to have been introduced into Massachusetts, in the year 1859, by the importation of some cattle from Holland, which began with the disease soon after landing. An animal from that State was taken to the lower part of New Jersey, which introduced it there. Some stock brought from thence into Pennsylvania, below Philadelphia, was the cause of its first appearance in this State. From there it worked up into Montgomery county, and from thence into Bucks county, through speculators and drovers. Since its introduction here, its course has been marked by a certainty that leaves but little doubt that the disease is infectious. All the cattle from certain droves have had it, and they have been the first to begin, wherever they have gone, introducing it into herds in all directions, and, generally, it has gone through the entire flock.

“Road cattle contract the disease of those that are pasturing in fields by the side of the public highway, and carry it to others that are similarly situated. Cattle pasturing in adjoining fields, communicate the disease to each other, and in this way we are enabled to trace it whenever it appears.”

So far as I am able to glean accounts from New York, Illinois, Iowa, and our own State, it assumes much the same form as the above.

The European Rinderpest, according to a paper translated from the German of Dr. Waks, follows this course.

“The first symptoms of the disease are loss of appetite, increased thirst, stopped rumination, and symptoms of fear; chills, followed by heat. Milch cows cease of a sudden to give any more milk; then follows a short, hoarse coughing, terminating in a short, dull moaning. The pituitary membranes are inflamed; the eyes turn red and glassy, and a strong diarrhœa, without offensive discharges sets in. Continued discharges from the nose and of saliva. The animal becomes extremely sensitive of any pressure, especially on its back; the hair stands erect and falls out; eating and ruminating cease altogether. On the third day of the disease, all these symptoms are fully developed: the eye lies deep in the socket; the discharges from the nose and eyes become slimy; the feebleness increases, and the animal shows a restlessness and fear extremely painful, as its plaintive look, anxious listening, hard breathing and quivering indicate.

"Death ensues generally between the fifth and the seventh day.

"The extreme infectiousness of the plague appears from the following facts: In a country seat in Rees, the Plague attacked the cattle (thirty-one head), having been carried there by workmen, whose clothes had caught the poison on railroad cars, coming there to drink. The servants of a widow Pelmsen had looked at the diseased cattle of a neighbor, and a few days afterward the cattle of Mrs. Pelmsen were attacked by the disease.

"The son of a neighboring farmer had several times met with the servants of Mrs. Pelmsen, in a tavern, and this was sufficient to infect his father's cattle."*

Now, with regard to the "Murrain," at present afflicting herds in different parts of the Northern states, the following points appear to have been established:—

1. That cattle from Texas are not affected by the disease.
2. That other cattle, raised inland, take the disease from the Texas cattle.
3. That home cattle affected by the malady do not communicate it to other home cattle, the latter not having come in contact or nearness with the Texas cattle.

Now, taking the facts connected with the Rinderpest, the Bucks County Pleuro-pneumonia, and the Texas cattle fever, we cannot but regard them as different diseases. However this may be, it matters not to us at present, as physicians who do not have to treat these diseases, whether they be identical or not; for, in a sanitary point of view, all are equally obnoxious to us, and the meat, in either case, from an affected animal, is equally deleterious to the public health, and as fatal to the partaker of it. It is therefore our duty as medical men and guardians of the health of the community, to forward all proper precautionary measures towards preventing the admission of any such poison into our midst, for once admitted the fatality attending its consumption cannot be estimated.

NOTICE TO MEDICAL STUDENTS.

MALCOLM MACFARLAN, M. D., Professor of Surgery in the Homœopathic Medical College of Pennsylvania, will receive a few students into his office, for private instruction in surgery, the use of instruments, ophthalmoscopy, laryngoscopy, etc. For terms, etc., application may be made to Prof. Macfarlan, at 1136 Girard Street, Philadelphia.

THE HOMŒOPATHIC MEDICAL COLLEGE
OF PENNSYLVANIA.

THE ensuing course of instruction in this institution will commence, under most favorable auspices, on the second Monday in October. The Lecture introductory to the course will be delivered at eight o'clock, on the evening of that day, by the Professor of Anatomy.

William Mc George, Esq., A. M., has accepted the position of Lecturer on Forensic Medicine, and will deliver a series of lectures, during the term, on that important and interesting subject.

F. E. Bæricke, M. D., the well-known and esteemed Pharmaceutist, of this city, will also deliver a course of lectures on the Principles and Practice of Homœopathic Pharmacy.

PHILADELPHIA MEDICAL SOCIETY.

REPORTED BY ROBT. J. McCLATCHEY, M. D., SECRETARY.

THE first fall meeting of this Society was held in the Homœopathic Medical College building, Filbert Street, above Eleventh, on the evening of Thursday, September 10th. A large number of physicians of the city were present, and several from localities adjacent, who had been invited. The President, Dr. Richard Gardiner, occupied the chair.

The minutes of the last meeting (June) were read and approved.

A report on Cattle Disease, and the dangers resulting from the use of infected meats, was presented by Dr. Bushrod W. James, from the Committee on these subjects, and was read by the Secretary. (See page 136 *H. M.*)

On motion of Dr. Jeanes, the thanks of the Society were tendered Dr. James for his interesting report.

A very complete and earnest paper, entitled "The Bandage after Parturition," was presented by Dr. Henry N. Guernsey, and was also read by the Secretary. (See page 97 *H. M.*)

On motion, the thanks of the Society were tendered Prof. Guernsey.

Dr. JNO. C. MORGAN observed that in some of the correspondence quoted in the paper, the writers had said that they used the bandage only in cases of flooding. He wished to know what Dr. Guernsey thought of that?

Dr. GUERNSEY.—There is but one allusion to the use of the binder in case of flooding, in the letters quoted. I am satisfied, after very careful observation and a great deal of experience, that there is nothing so quick, safe, and sure to arrest uterine hemorrhage as the properly-chosen homœopathic remedy. It will always succeed, if the physician has the courage and perspicacity to apply it; but if he hurries to the cold douche, ice, plugging and all such appliances, and has no faith in his own medical treatment, of course it cannot be expected that he will look favorably on any other method that may even appear to him to be vain and illusory. But my word for it, gentlemen, the homœopathic remedy is to be found in every case, and is the quickest, safest and best.

Dr. DAVID JAMES.—Some time ago, while in attendance on labor, I turned from the bed, after delivery, apparently leaving my patient in good condition; but, on looking around at her, a short time afterwards, I saw plainly that she was in a bad way—sinking; pulse small and very weak, and very great flow of blood. I immediately introduced my hand—ruthlessly, if you please—into the womb, finding it soft and flabby; but it immediately began to contract, and the hemorrhage soon ceased. I am satisfied that this saved the woman's life.

Dr. RICHARD KOCH expressed himself as much pleased with the paper, and he agreed with the general tenor of it, inasmuch as he had, for some time, done away with the use of the bandage in most cases, and he finds that his patients get along quite as well. He would not say better, but was sure that no detriment resulted from its non-use. However, there are some points in the paper that might be objected to by a person arguing on the other side. For instance:—

Dr. Guernsey says, that if we compress the abdomen it will produce stagnation of blood, and that certain results will follow. Now, in my estimation, the effect of compression will be the reverse: it will produce accelerated circulation. Under certain circumstances, compression will assist circulation, and here the before distended condition being removed, the vessels are in a relaxed condition, and a little compression would serve to force onward the current. The abdominal walls being relaxed, and unable to afford the compression and support necessary, it might be urged that the roller would do this.

Again, Dr. G. states, in his paper, that pressure on the abdomen will have a tendency to force the uterus down. Now, in the application of a bandage, the object is to get pressure upwards, and the points of departure of the pressure should be the sacrum behind, and the pubis in front, while above the compression should be graduated. In this way pressure upwards would be obtained, and, of course, the uterus would be lifted up.

At this point, gentlemen present, not members of the Society, were invited to participate in the discussion, if they wished to do so.

The PRESIDENT remarked, that after a great deal of experience, both with the bandage and without it, he had come to the conclusion that its

application after parturition was not only not necessary, but was decidedly injurious, and calculated to retard convalescence rather than to assist it. He was very much gratified at the spirit and letter of Dr. Guernsey's paper, and fully endorsed all the sentiments it expressed. He thought we should, in all cases, look to our homœopathic remedies, and the better we became acquainted with them and their powers for good, the more we would be inclined to discard all other appliances that had linked themselves with Homœopathy while properly belonging to the general treatment of the other school.

Dr. JNO. C. MORGAN.—My first knowledge of the non-application of the binder after labor, was obtained from Prof. Temple, of St. Louis, who is, probably, one of Dr. Guernsey's correspondents. (Dr. Guernsey replied that Prof. Temple was one of the correspondents quoted.) I have never put it in practice, however, as I always apply the bandage. As regards flooding, I consider myself to have been particularly fortunate since in this city, for, although in attendance on a number of cases, I have not yet had one in which the hemorrhage was so great as to endanger, in my opinion, the safety of the patient. I have adopted a rule in this matter, to which I am disposed to attribute the immunity alluded to. As soon as the child is expelled, I grasp the fundus of the uterus (through the abdominal walls), and make pressure on it; it immediately contracts. This pressure, if kept up for fifteen or twenty minutes, prevents all hemorrhage, as the womb contracts firmly. I am, indeed, so imbued with a sense of the utility of this method, that I have often felt like applying a compress under the abdominal bandage, immediately over the fundus, in order that this compression may be continued.

In regard to the "belly-band" becoming a "waist-band," I think that greatly depends on the material used. I prefer a broad, common diaper towel. It is soft, and easily adjusted to the person, and may be made as tight here or as loose there as the physician desires. One word in regard of the opposition of the public to such an invasion of precedent. I was recently called to see a case of fracture of the thigh in a little boy. The best surgical practice suggested to me to not apply the rigid apparatus for some time—until inflammation and swelling were, in a measure, subdued. With this view, I applied a roller, loosely, and left the case, telling the mother I should not apply the apparatus necessary, *perhaps* for four or five days. At my next visit, I found that a great cry had been raised against such treatment. It was said that the poor boy had been left, like a wounded soldier on the battle-field, without proper attendance. I almost made up my mind, at that time, to put on some kind of a splint.

Dr. S. S. BROOKS.—I like the paper very much. It calls our attention, in a forcible manner, to a subject that is well worthy of it. At first, I was entirely opposed to the views held by Dr. Guernsey; but, in view of the arguments advanced, I think I find my mind to be somewhat changing. Yet, I believe, I shall continue on in the course I have been pursuing for a number of years. We know that, in paracentesis abdominis,

the bandage is found very useful: the patient fainting if it is not applied. It is found to be an absolute essential in that case, but whether so after labor is another matter, for it is true that nature has provided means—abundant means, for carrying on the process of parturition.

Some years back, I trusted to the nurse to apply the bandage, and, perhaps, then it did not do much good. Now, however, I invariably apply it myself, and I should be unwilling to trust it to another's hand. The application of the hand to the abdomen, is, in my estimation, very useful. If I have fears of hemorrhage, I have a bystander apply the hand and make compression. The great secret of arresting or preventing hemorrhage is to have the uterus condensed or solidified, so to speak, so that the open mouths of the vessels may be shut up.

It seems safer to apply the bandage, but, in my opinion, it is only useful for the first few hours; after that, if tight, it is rather detrimental. I always direct the nurse to loosen it on the second day.

THE PRESIDENT.—Is Dr. Brooks certain that when he directs the nurse to loosen the bandage on the second day, that personage does not tighten it instead? My experience with nurses is, that they are apt to do as they please, if they can.

DR. BROOKS.—As to that, I cannot say. I desire to have it loosened, and direct that it shall be.

DR. COATES PRESTON, of Chester, remarked that he viewed the matter in this light. We have the testimony of hundreds, perhaps thousands, of physicians, as well as that of their patients, that the non-use of the bandage is not only not injurious, but that they get along much better by abjuring it. Now, although he had always used the bandage, he felt it to be his duty to give a fair trial to the views of Dr. Guernsey, and he certainly should do so, at the first opportunity. As for the testimony against the proposed innovation, of those who have used the bandage invariably, it is not worthy of consideration. As the author of the paper remarks, we should not reject anything that comes to us in the guise of truth. We should give a fair trial to everything. We cannot afford to object to anything from one-sided testimony. We have suffered, as homœopaths, too much from that course of conduct.

DR. HENRY N. MARTIN wished to add his testimony in this matter, although, he said, his experience was not great. He had attended, since in Philadelphia, about twenty cases in all. In five or six of these he had not applied a bandage. He had not known of any untoward results, except in one case in which a poor woman, who had no servant, was obliged to do her household work while pregnant, having a child most of the time resting on her hip. Some time after getting about, after confinement, she suffered from prolapsus. He preferred the use of the bandage, applying it very low down, almost low enough to encompass the thighs.

Will the properly-selected homœopathic remedy always arrest uterine hemorrhage? He had always thought so until an occurrence which hap-

pened recently. He was called, suddenly, in the night, to visit a lady who was supposed to be some months advanced in pregnancy, and who had been taken suddenly, while going up to her room, with flooding. He was at the house within five or ten minutes, and discovered the conditions that would seem to indicate *Ipecac*. That remedy was given, but the flow continued as before. Becoming alarmed, counsel was called in, the consulting physician being one of very great and long experience, and who scouted at all the appliances that some resort to, trusting only to the remedy. Remedy after remedy was given, with no good result. While the older physician was thinking of another remedy, he (Dr. Martin) commenced rolling up a piece of muslin into the shape of a tampon. The consulting physician then said, on seeing it, "Give me that tampon." He received it, and made use of it, and the hemorrhage was arrested. The woman was very weak—fainting, and brandy was called for and given, when she revived, soon, however, to faint again, and be again revived with the brandy. Thus was spent the balance of the night. The brandy was stopped as soon as possible, and *China* administered. She finally came up nicely, towards morning, and then there appeared some symptoms calling for *Belladonna*, which was given. After this, pains like those of labor came on, and the tampon was taken away. She expressed a desire to use the chamber, and was placed on it, when she said she felt as if something had come down. "Then," said Dr. M., "we discovered why our remedies had not acted." In the vessel was found a something about the size of a hen's egg, having the appearance of a fibroid tumor, or a piece of placenta folded up upon itself, with an extremity attached to it, like the extension of molasses candy when it is drawn out. This accounted for the inefficiency of the homoeopathic remedies.

Dr. JOHN C. MORGAN.—Permit me to ask, was the woman pregnant?

Dr. HENRY N. MARTIN.—She was supposed to be some months gone.

A paper by Prof. Dudley had been announced as part of the evening's programme. Dr. Dudley stated that his paper was to have been accompanied with a diagram, which he had not had time to prepare, and asked that its consideration be postponed until next meeting. This request was, on motion, granted.

Dr. DUDLEY supposed that the end sought in applying a bandage after labor, was to bring about condensation—as Dr. Brooks expresses it—of the uterus, and thereby close the patulous orifices of the uterine vessels, and prevent hemorrhage. He used the bandage in all cases, and could not say that he had found evil results to follow. He was always, however, in favor of anything like improvement. He had used a bandage, by the advice of an experienced medical friend, during labor, and, he thought, with some advantage. He was of the opinion that the evils of bandaging spoken of, came from its being improperly applied, rather than from its mere application, and he had no doubt but that it was oftener applied wrongly than rightly.

Dr. A. R. THOMAS.—I think the truth, in this matter, lies, as it does in many other instances, in a medium, and that extreme views either way are incorrect. There are some cases in which, in my mind, the bandage is an absolute necessity; and, on the contrary, there are others in which it is equally as clear that the bandage can be dispensed with with advantage.

It seems to be necessary—the pressure exerted by the bandage—in order to restrain hemorrhage. Pressure on the womb itself is the most efficacious means of stopping flooding. In a recent case of labor, I suddenly found the woman giving evidence of exhaustion and fainting, and knew that hemorrhage was occurring. I immediately placed my hand over the uterus, and found it large and flabby. I grasped it and produced a certain amount of pressure, when it immediately contracted, and the hemorrhage ceased. Loosening my grasp, there was immediate relaxation, a flow and fainting. I experimented in this way for some little time, and found the contractility of the womb and the hemorrhage completely under the control of my hand. By making continuous pressure, however, continuous contraction was produced, so much so that the uterus expelled its remaining contents, clots, etc.

I know of two cases in which the ladies had been formerly attended by a physician who does not use the bandage. They made complaint of this, saying that when they turned they were annoyed by the gravitation of the uterus towards the side on which they lay, and they found themselves not so comfortable without the bandage as with it. They had each had the bandage applied, without the knowledge of their attending physician.

If nature is as competent to carry out the restorative process, as is claimed, without the assistance of external means, why not, also, without internal means—medication—as well?

Dr. J. C. MORGAN spoke of the disposition of patients, nurses and others, to deceive the doctor, relating a story told by Prof. Patterson, of a physician who had treated a number of cases of delirium tremens with, as he thought, Tartar emetic, and had announced that drug as a specific for that disease, in the journals; whereas, the truth was, as Dr. Patterson learned, a conspiracy had been formed by nurses, patients and others, through which Tartar emetic was not given, and all the cases of that nature were treated with brandy.

In regard to the suppression of uterine hemorrhage, there is no point of more importance than position, and this should be impressed on the minds particularly of the junior members of the profession. If nothing more can be done than the taking of the pillow from beneath the patient's head, even that is a great deal; but the bed or couch may be elevated at the foot by placing that part on a chair, thus compelling the flowing blood to act against gravity.

At this point the Society adjourned, to meet on the second Thursday in October.

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A "PRACTICAL" PAPER.

BY JACOB JEANES, M. D.

(Read before the Philadelphia Medical Society, October 8th, 1868.)

ON the 16th of September I received the following note from our Secretary :

DEAR DOCTOR—

Will you furnish a paper for the next Society meeting, in October. I tried Dr. Williamson. He has lectures to write, and declined. If you can, let us have a good *practical* paper. I conceive it to be the duty of our best and oldest practitioners to give us the light of their experience. I not only want the Society to be the best in the world, but I have an eye to the *Hahnemannian Monthly* at the same time. If you cannot, then Jeanes, Williamson, Brooks,—*censors*—must hunt up somebody who will; for is it not their duty to do so? Vide Constitution, Article VI, Duties of Officers. Verbum sap, &c., &c.

Very truly and respectfully yours,

ROBT J. McCLATCHEY.

Upon the receipt of this note, as I did not know to whom to apply for a paper, I resolved to write a "practical" one myself. Turning to my office book for the suggestion of a subject, my attention was directed to the case of a lady whom I had prescribed for on the 1st of July. At that

time she complained of severe vertigo, which was increased by stooping or bending forward. This complaint had been of considerable duration. Her age was sixty years. I dropped upon her tongue a few pellets which had been moistened with the fourth centesimal dilution of *Kali nitricum*, and as she was going to pay a visit in the country, and would not return for several weeks, I gave her three powders, each containing a few pellets of the same kind. She was directed to take the powders once a week, if the disorder still continued. On the 15th of July she called upon me and reported great improvement in health, and that the vertigo had almost entirely disappeared. I gave her three more powders of Kali nit., to be taken like the others, if necessary. I have employed the Kali nit. in such cases for many years past, with a confidence which has been amply justified by success. At the time I prescribed it in this case, as also for a long time before, I was under the impression that the symptom of vertigo on stooping was in the records of the pathogenesis of this medicine; but on reference to the earlier provings I could find neither vertigo nor any kindred symptom. Hempel's *Jahr* contains numerous symptoms of vertigo, which must have been from provings with which I was unacquainted at the time in which I commenced employing this medicine for that condition. The question has arisen in my mind,—how did I come under this impression? The answer which I have given to myself is, that it is possible that when I first employed it, I did so under the misapprehension that the symptom "*Beim Bücken, Schwindel*," which may be translated,—by bowing, stooping down, or leaning forward, vertigo or dizziness—appertained to it, instead of belonging, as it really does, to the Nitric acid, one of the constituents of the Kali nitricum; and that, continuing to employ it from observation of its good effects, I have become confirmed in that opinion.

A congener of the Kali nitricum, the *Kali carbonicum*, has in the record of its pathogenesis many forms of vertigo

or of dizziness. The form in which I have found it very useful, is that of dizziness or vertigo which is induced by riding in a carriage. In two cases, in which the occurrence of headache accompanied by dizziness, rarely, if ever, failed to occur whilst riding, the Kali carb. appeared to be very useful. Both patients can now ride in carriage or car without experiencing their old sufferings.

I used this medicine in these cases from the symptom in Jahr's Manual, *Kopfwieh, beim Fahren., Headache by riding in a carriage.* I do not find it in the article Kali carbonicum in Hahnemann's Chronic Diseases; but I do find it in Hempel's translation of Jahr, marked with an asterisk, as a proven and cured symptom. My cases served as corroborations of the original observations. It may be proper to add that the dilution employed in these cases was the thirtieth centesimal.

On the same day on which the lady first spoken of reported her improvement in health, I heard from another patient for whom I had prescribed, for the first time, on the 26th of June. He was a man of large size, and apparently about forty-five years of age. He had been engaged in a mill in Tennessee, grinding for the United States troops, when he was captured and imprisoned in one of the horrible prison-pens of the South. His disease had endured ever since this imprisonment. He suffered from obstinate costiveness of the bowels. Hunger, without being able to eat a proper quantity of food, because of a feeling of fullness and distension of the stomach, which would commence soon after he began to eat, and soon became so aggravated as to compel him to stop eating before he had taken even a moderate meal. This fullness and distension was accompanied by eructations of tasteless flatus, and often attended by dizziness or vertigo. For this disorder I gave him, on the 26th of June, a few pellets wetted with the fourth centesimal dilution of *Lycopodium*, and also gave him three powders of the same, one of which he should take every day, in the middle of the forenoon. He returned on

the 30th of June, and reported himself better, when I gave him a dose on his tongue, and five powders. He came again on the 6th of July, and reported himself nearly well. I gave him a dose on his tongue, and five powders, to be taken should there be a disposition to relapse. Thus in ten days he had taken ten doses of *Lycopodium*, and was nearly well. I heard, on the 15th of September, that he continued well, and that he was highly delighted with the success of the treatment. So his cure had lasted for seventy days, which afforded fair ground for the hope that it will be permanent. I employed the *Lycopodium* in this case, because I had been successful with it in many cases of similar affection. These have been numerous in my experience. The more closely the symptoms in any case approximate to those in the case just recited, so much the more confidently do I employ the *Lycopodium*. The dizziness may be slight, or even absent; the patient may not employ the term *hunger* in describing the disease, but may complain of a sinking weakness or hollow feeling in the region of the stomach, between meals, which induces the trial of eating something to relieve it; but finds that a small quantity, even a single mouthful of food, is followed immediately by such a feeling of load, fullness, and distension, as to lead to regret at the experiment—and yet the remedy may be the proper one. If the feeling of hunger or emptiness does not exist, or costiveness is absent; or if all the other symptoms exist without the feeling of fullness coming on during or immediately after the process of eating; or if the eructated flatus, instead of being tasteless, should be acid, I would have great misgivings in regard to the successful operation of this medicine.

Referring to Hahnemann's record of the pathogenesis of *Lycopodium*, in the 2d volume of his *Chronic Diseases*, I find this symptom: *Sie isst hastig, mit grosser Ess-Begierde*. She eats hastily, with a great craving to eat. This hurried eating, as from ravenous hunger, often occurs in cases of this form of disease, which, when my patients are anxious

for a name, I term hungry dyspepsia. I also find this: *Wenn sie bis zur Sättigung isst, fühlt sie sich unbehaglich und aus-getrieben*, When she eats to satisfying, she feels uncomfortable and distended. In many of the cases, as in the one above narrated, the patient cannot eat to satisfying, because the uncomfortable feelings prevent them from doing it. These and a number of similar symptoms, together with those of vertiginous disorder, fully justify the resort to this remedy in cases like the one just narrated.

Before leaving the subject of *Lycopodium*, I wish to mention a couple of cases which, from the permanence of their cures, are deserving of notice.

One of these was that of a young married lady, with chronic enlargement and induration of one of her mammae. This case I have already mentioned before the Society, but it is worthy of being repeated, inasmuch as thirty years have elapsed since she was cured, without recurrence of the disorder. The cure was effected by two doses of *Lycopodium* 30, to the employment of which I must have been guided by the concomitant symptoms.

The other was the case of a gentleman about twenty-one at that time, but now fifty-one years of age. The most prominent symptoms were attacks of vertigo running into insensibility, and also severe costiveness. The patient had been, for nearly a year, under the treatment of old-school physicians, who kept him on a low diet. A dose of *Lycopodium* 30, which was followed by another of the same after an interval of forty-eight hours, corrected the costive habit of his bowels and the derangement of the system upon which his vertiginous attacks depended, for they ceased to recur.

Another case arises before my mind, which I think will not be uninteresting, although it is not a case of cure. A young man had *ascites*, with monstrous *anasarca* of the lower limbs. He had been twice tapped, and a very large amount of serous fluid had been drawn off at each operation. At the time I was called in to attend him, the distension of

the abdomen was as great as it had been either time that he had been tapped. His bowels were exceedingly costive. I gave him a single dose of a few pellets of *Lycopodium* 30. The bowels soon became regular, and the dropsical effusion in the abdomen and extremities diminished very much. The improvement continued to advance for nearly a month, when a retrogression of the disorder took place, which neither *Lycopodium* nor any other remedy which was tried could arrest. The operation of paracentesis abdominis was again performed, by the same physician who had operated twice in this case before. At the close of the operation he pronounced the abdomen as completely reduced as it had been by either of the previous tapplings. On measurement of the fluid abstracted, its amount was only about the half of what it had been on the former operations. Before another tapping was necessary the patient died. Post-mortem examination revealed extensive derangement of the parts in the abdominal cavity. Among these were adhesions of the bowels. Whether these were the result of sub-acute inflammation supervening the paracentesis, or whether they were the result of the disorder which induced the ascites, could not be determined. I am of the opinion that they were the consequences of the disease which existed prior to the ascites. However this may have been, it is most likely that they were present when the *Lycopodium* was given. Under these circumstances, the relief which followed this medicine was really wonderful. Such cases serve to show that great alleviations of suffering may be effected by homœopathic treatment, even in cases where severe and incurable organic lesions seem to forbid the hope of cure.

I am reminded by the recollection of this case, that according to my experience, *Lycopodium* is one of the remedies which we could least dispense with in the treatment of hydropic diseases. It is true that in these the best physician must often fail in effecting a cure, because so many of them are the results of irremediable organic lesions.

Still, we are often rewarded for our anxieties and cares by a success which is truly gratifying. Among the cases of this kind to which I recur with pleasure, is that of an unmarried lady, of industrious habits, and, at the time of her attack, about sixty-four years of age. When called to see her, she could move about the house a little, but was too feeble and short breathed for any employment. Her pulse was very feeble, irregular and intermittent. There was also considerable œdema of the feet and ancles. My attendance commenced on the 22d of June, 1865. I early came to the use of *Lycopodium* in alternation with *Arctium lappa*, for I find by my notes that I gave two powders of each, numbered from 1 to 4 (they were to be taken morning and evening), on the 25th of June. On the 27th, there being improvement, I gave six similar powders. On the 30th, eight powders; and on the 4th of July, improvement continuing, I gave eight more. On the 7th of July I gave papers of pellets of these remedies, to be taken in the dose of 5 pellets, at the same times she had been accustomed to take the powders. Fresh papers were given to her from time to time, until the 19th of December, when I gave her a vial of each kind, still in the pellet form. She continued to take the medicine as long as it appeared to be necessary. She has been in my office within the last month, for some slight ailment. Her pulse is full, soft, natural, and perfectly regular. She is now nearly sixty-seven years of age, and has been free from symptoms of hydrothorax for over eighteen months.

I must here state my reasons for giving the *Arctium lappa*. In 1845, I took, about eleven o'clock in the forenoon, an experimental dose of a tincture of the root of this plant. Two or three drops of the second centesimal dilution in an ounce of water, constituted the dose. The following symptoms speedily manifested themselves:

1. *Immediately*. Tickling in the rima glottis, with loose sounding cough, but no expectoration.

2. Pain about the sixth and seventh ribs, on the left side.

3. Chilliness. Pain in the lower extremities, as if fatigued.

4. Severe tingling pain, with acute cutting pain, under the sternum, about on a line with the insertions of the fourth and fifth ribs, and extending across the breast.

5. Oppression of breath, especially in the sternal region, with shortness of breath on exertion.

A short time was consumed in these observations, and in making the above notes, when duty compelled me to go out and attend to my practice. If I had any symptoms during the day and early part of the evening, I made no note of them, and should probably not have thought of it again for some time, had it not been for an accidental proving with a very high dilution. Wishing to take a drink of water before retiring to bed, I took the tumbler, out of which I had taken my dose in the forenoon, from the shelf on which I had placed it, and desiring to rinse out any dust which might have settled in it during the day, I held it under the hydrant in my bath room. and allowed a strong stream of water to flow into it, shaking the glass strongly during this flow and overflow to aid in the process of rinsing. I then drew and drank one or two tumblers of water. I had not the slightest idea at that time of the medication of the vessel. But, I had not taken it a minute before I was affected in the following manner :

6. The symptoms of pain across the breast, mentioned above, in 4 and 5, but to these there is added aching of the throat and violent constrictive feeling; pain in the head; extremely rapid pulse, with frequent intermissions (about every second or third pulsation); pain in the head, in the region of veneration, and pain in the region of the heart, with an indescribable movement in the chest, under the sternum, on a line with the third ribs. At the same time pain in the anterior muscles of the right thigh.

7. Pains in the back about the eighth dorsal vertebra.

8. The pulse becomes fuller and slower, but seldom more than three pulsations without an intermission.

9. Bowels opened two or three times, as if purged, with some abatement in the violence of the symptoms.

10. The mind much agitated from the distressing feelings more than from the fear of death, which, however, appears to be threatened.

11. The symptoms continued violent and distressing through the greater part of the night.

At the date of this occurrence I was about forty-five years of age, had never had an attack of this kind, and had never noticed any intermission of the pulsations of my heart. My pulse had been, for many years, and still continues to be, abnormally frequent—84 in the minute. Within a few years I have had two or three attacks of febrile disorder, in which the pulse for some hours was exceedingly feeble, frequent, and irregular, but entirely different in character from the intermittent pulse I had after taking the *Arctium lappa*.

A COMPLICATED SURGICAL CASE.

BY C. H. VON TAGEN, M. D.

Mrs. S. G., *aet.* 75, fell on the ice in January last, striking violently on her side, which resulted in an oblique fracture at the lower third of the left femur.

Some twenty years antecedent to this event, the patient sustained another injury, having been thrown violently from the back of a horse, to the ground, causing a partial dislocation of the knee joint of same limb. According to the patient's account, several attempts were made at the time to reduce this dislocation, which proved fruitless, and the practitioner left with the assurance that it was only a *sprain*. The absence of success in this case, was probably attributable to a proper want of knowledge as to the real character of the injury, on the part of the medical attendant, who, like many others on similar occasions before and since,

failed to recognize the nature of the displacement. It was, as the history of the case, as well as subsequent events proved it to be, a case of displacement of one of the semi-lunar fibro-cartilages.

In addition to this, the patient had been, for twenty-five years, afflicted with valvular disease of the heart, which, it appears, is hereditary in her family.

Dr. P. S. Hitchens, of Philadelphia, summoned me to the case. I found the patient in bed, lying on the back; the limb shortened, the foot erected, and a considerable angular deformity at the seat of fracture, which was rendered markedly so by the pre-existing deformity at the knee-joint. The patient was a large, plethoric person, difficult to handle, and had been habituated all her life to lying on a feather bed. I could not, therefore, use the favorite method now in vogue in this city, of treating fractures of the lower extremities, in which the use of splints are entirely obviated; long narrow sand or junk bags being substituted, and a hair mattress being indispensable. I shall at some future time, as before promised by me in a former article, give a full and detailed account of this method, together with statistics. I was obliged to use the double inclined plane. First reducing the fracture and bandaging the limb from the toes to the hip joint, the splint was adjusted and counter extension made, which, however, here let me add, need not be considerable in an aged person, as the tonicity of the muscles is readily overcome at this age. Dr. Hitchens assisted in reducing the fracture, and dressing the case. I visited the patient three to four times weekly, on the average, and with the exception of two attacks of oppressive breathing and palpitation of the heart, as likewise a temporary derangement of the bowels, in form of diarrhoea, she went steadily on to recovery, until the evening preceding the termination of the forty-first day. After an unusually well day, and while looking forward with much pleasure to the termination of the sixth week, at which time I had promised to remove some of the dressings, she suddenly expired in the

brief space of five minutes, without a struggle. Here let me take occasion to add that at the termination of the third week the dressings were removed, and the seat of fracture examined. No union could be detected; on the contrary, crepitus was still present, and could be audibly produced. I then put my patient upon Calc. phos. 6th, thrice daily, for ten to twelve days. The diarrhoea was relieved with Nux 2^c, and the oppressive breathing, &c., by Bry. 2^c.

The second day following death, a post-mortem was made, of the chest. I shall not dwell here in detail to narrate the proceedings, but simply to say that the "aortic or semilunar valves" were much thickened throughout, in fact, cartilaginous, particularly at their free margins; the "corpora arantii" were also much enlarged or hypertrophied, which must have permitted of the regurgitation of a considerable volume of blood into the left ventricle. The ascending portion of the aorta and its arch, as likewise the pulmonary artery throughout its extent were calcified, or what appears to be a popular term, in a state of ossification. The cause of death was therefore at once apparent, although I may add, strongly suspected, from her antecedents, as well as from the manner of her death. In addition there was found several calcareous deposits near the outer surface of middle lobe of right lung, just beneath the pleura pulmonalis, varying in weight from one to fifteen grains, and in size from a pin head to a considerable sized cherry-stone.

The most interesting feature in this case is involved in the seat of fracture, as well as the knee joint of same limb.

Post-Operation of the Limb.—A careful inspection revealed the provisional callus abundantly thrown out around the seat of fracture, which was calcified, if not completely ossified. It may be argued by some of my readers, that owing to the predisposition of the patient to calcareous deposits, the firm union present may have been peculiar to this and similar cases, and an exception to the general rule, at this age. This argument I am not at present prepared to refute, nor yet to sustain, but that the Phosphate of Lime

taken by the patient, for nearly two weeks, had something to do with it, in hastening the process at least, I am inclined to believe.

During the life of the patient, and between the reception of the fracture and her death, I made two thorough examinations of the limb. The first was at the termination of the third week, and found crepitus still present, as before remarked, indicating no firm union at that time. It was this circumstance which led me to prescribe the Calc. Phos. 6.

On or about the thirty-eighth day ensuing, and three days prior to death, I made a second examination, and the result proved a firm union. The provisional callus could be distinctly felt through the surrounding soft parts.

I extended my explorations into the knee joint, which, as before remarked, had been partially luxated twenty years previous to the last injury. Found both semilunar cartilages much thickened and completely ossified. The external cartilage was forced from its bed, and projected completely over the outer margin of the articulation. The synovial surfaces of the femur and tibia, at the outer side, were in close contact. There was about a quarter movement of the joint; otherwise firmly ankylosed. There was an almost entire absence of synovial secretion, the articulating surfaces presenting a roughened, granulated appearance, and the surrounding ligaments were in a state of thickening.

I think I have now stated sufficient of the case to render it clear and comprehensible to even the casual reader. We may therefore pronounce this pathological condition of the joint to be the result of a mismanaged case of what Mr. Hey, years ago, described as a "sub-luxation of the knee," or "internal derangement of the knee-joint." Had it been recognized at the time, viz., of the first injury, and properly treated, the angular deformity, which existed so many years prior to the fracture, might have been avoided, to say nothing of the immense amount of discomfort which the patient might have been saved. There would not have been

that complication either at the time of the fracture, which rendered it impossible, under the circumstances, to have given the patient a straight limb.

For the information of those unacquainted with this form of luxation, as well as the plan of Hey for reducing it, I will briefly append the symptoms and mode of reduction.

Symptoms.—Usually caused by a trip over a stone, piece of loose carpet, or a sudden lurch to one side. The patient is seized with an acute sickening pain in the knee-joint, so severe generally as to cause him to fall to the ground, and then becomes conscious of having, as he thinks, sprained his knee. The position of the limb will be found partially flexed, and every effort to extend it will be accompanied with the same acute, sickening pain. Swelling of the joint soon follows unless in aged persons, the synovial secretion increasing so much as to distend the capsule of the joint, and sub-acute synovitis speedily follows. The severe pain felt is attributable to a pinching or nipping of the loose folds of synovial membrane that lie within the joint, and known as the mucous or alar ligaments, and also in a measure to the severe stretching of the other ligaments, consequent upon the partial displacement of the bones.

Mr. Hey, an English surgeon of some repute, recommends the following method for reduction in this form of "sub-luxation." He places his patient upon a high seat or table, so supported that the limb may be swung freely to and fro beneath. Grasp the limb first above the knee, so that the thumb and index finger can be used in compressing on both internal and external surfaces of the joint, in other words, just over the seat of the cartilages themselves. With the other hand grasp the leg near the ankle, make firm extension, then suddenly flex the leg upon the thigh at the same instant make slight outward rotary motion, then quickly extend again, when the displaced cartilage will usually be forced into position, if in recent cases. Should the first attempt not prove successful, repeat it several times, or until it is. In old or long standing cases, nothing can be done

towards reduction. The evidence of complete reduction consists in the patient regaining the power of extending the articulation. The treatment consists in retaining the limb after reduction, for a period of two weeks, in an extended position, and quiet, when, if circumstances are favorable, passive motion may be commenced guardedly and gradually. The local treatment consists of either cold or hot (as the patient may find most comfort from), arnicated water, applied by means of irrigation, the only true method by which you can keep up a steady and equal temperature, a most essential feature in the successful treatment of local inflammatory affections, particularly in and about joints. The constitutional remedy should be selected in accordance with the particular case. When some time has elapsed after the reception of such an injury, and inflammation is already rife, I presume it would be the better practice to reduce the inflammatory symptoms first, at least the active symptoms. As a means of allaying pain during manipulation, I would suggest the Ether spray as an application.

THE KEY-NOTES, OR CHARACTERISTIC INDICATIONS OF THE MATERIA-MEDICA.

BY HENRY N. GUERNSEY, M. D.

I HAVE been urged frequently, and by quite a number of my professional brethren, by letter, and otherwise, to publish what I consider to be *characteristic symptoms or key-notes* of our remedies. Judging, therefore, that it might be of some benefit to the profession, I partially yield to the flattering request, and propose to publish, from month to month, in the columns of the *Hahnemannian Monthly*, the more striking points or features of pathogeneses, which govern me—to a great extent—in the selection of the properly homœopathic remedy. These I shall jot down from memory, as I sit, in moments of leisure, at my desk. I can-

not hope to make a complete work, as there are, doubtless, many points that would come to me at the bed-side and in special cases, which memory will not bring to me as I may wish to write, and hence, I shall fail to transcribe them. I shall, at the same time, refrain, as far as possible, from repeating what has been already given as characteristics or key-notes of remedies, in my recent work on obstetrics.

When a characteristic symptom or key-note presents itself in a given case, it means that the whole case is to be studied with reference to the remedy which correspondingly has that symptom or condition. Not that the totality of the case is to be disregarded, but that the characteristic presented is a key or key-note to the remedy that is almost certain to exhibit, in its pathogenesis, the *tout ensemble* of the given case. Still there are cases of so much urgency, that if the key-note presents itself fully, we may venture to prescribe with a very great degree of certainty, upon that indication alone: *e. g.*, in a case of uterine hemorrhage, if we observe that the patient is in a condition of great fearfulness—becomes desperate through fear—we might say *Aconite* is indicated, and, prescribing it, we would find that the hemorrhage ceases, the mental anguish is relieved, and all the disordered condition will be removed, inversely as it has appeared. I have made it a rule, upon observing a marked improvement in the key-note symptom or condition, or that it entirely passes away, to not repeat the remedy or make a new selection, but to quietly await for a greater or lesser period, the result.

I shall take up the remedies in alphabetical order, commencing with *Aconite*, and shall continue, if I receive any encouragement to do so, until my small store is exhausted.

ACONITE.

This is, probably, by far the most frequently indicated of all the remedies of the *Materia Medica*, for *suddenly appearing and violent inflammations*, particularly if *occurring in cold weather*.

It will also be found curative in all chronic affections, as catarrhs, coughs, dyspnoea, spitting of blood, pains in the chest, etc., if these can be distinctly traced as resulting from a *chill in dry, cold air*, as from being in a *dry, cold room* for some time, or from a long drive on a *clear, cold day*.

An important characteristic indication for this remedy is that the patient is manifestly and continuously under the influence of *fear*. He is afraid to go out, to go where there is any excitement or many people, or to cross a street. His life, in fact, is rendered miserable by this all pervading fearfulness. The countenance exhibits strong and unmistakable expression of fear.

Vertigo on assuming an erect position. (*Also Opium and Glonoine.*) If the patient sits up in bed, he immediately falls over in consequence of vertigo, and *he is afraid to rise again lest the same trouble should recur*.

Cramp, or sensation of pressure, *at the root of the nose (glabellum)*; a source of much distress.

Sensation as if the hairs of the head were *standing on end*; the scalp is sensitive to the touch.

Eyes are in a condition of irritation; much inflamed and painful; resulting from foreign bodies having got into them, or from reflected light, as when walking in day-time over the snow.

Red face, with feeling as if it had grown larger.

Everything—except water—has a bitter taste. Water tastes naturally. Burning sensation extending from the mouth, throughout the entire extent of the œsophagus, to the stomach. (*Also Merc. corr. sub.*)

Cutting, lancinating, burning and tearing pains in the abdomen, with anguish and fear.

Incarcerated hernia, with bitter taste, or bilious vomiting.

Bilious diarrhœa of infants, with colic, which no position or circumstance relieves. The colic is removed, and the diarrhœa is speedily checked, even after a single dose.

Retention of urine, from cold, particularly in children, with much crying and restlessness. After a single dose, the dis-

tress is soon relieved, and the urine subsequently flows freely and naturally.

Aconite often restores the menses of *plethoric women*, after their suppression from any cause.

Constant, short and dry *cough*, with sensation as if *suffocation would occur*; every inspiration seems to increase the difficulty.

Stitches in the chest, hindering respiration. He cannot breathe freely in consequence of a sensation as if the *lungs would not expand*. He frequently takes a deep respiration, in consequence of this, which, however, is rather unsatisfactory.

The patient fears death, and predicts the day of its occurrence. An erect posture causes deathly paleness of the face.

Aconite is indispensable in cases of scarlet fever, where there is dry skin and very great restlessness and distress; the patient is frequently obliged to sit erect in bed, in consequence of dyspnoea. Here it is sometimes necessary to repeat the remedy, *in water, every two or three hours*.

CLINICAL OBSERVATION—INTERMITTENT FEVER.

BY T. DWIGHT STOW, M. D.

ON Tuesday, September 22d, 1868, was called to see Washburn Mead, of Oswego Falls, Oswego County, N. Y., and found him in a paroxysm of tertian fever. He had been ailing for five or six weeks, but had dragged about, superintending his work, without consulting any physician. Had, previously, in May, a severe attack of congestive lobular pneumonia, and later still, sudden paralysis of the extensors of right leg and foot. In fact, had during much of the intervening time, presented strong symptoms of paraplegia.

At this date, I collected the following group of

SYMPTOMS.

Chill without shaking, but with shuddering; blue lips, and nails; contracted features, and rather shrivelled skin, at 10 A. M. Chilliness commencing in back, and thence radiating over whole body. Had dull headache over eyes. No thirst; coldness external, and lasting one hour and a half. Tongue coated yellow, and covered with mucus.

Fever, with disposition to groan (moan), hot skin, flushed face, red and watery eyes, hot head, and chilliness on stirring; and with marked increase during the headache aggravations. No thirst, and moderate sweating at night. Urine deep yellow, and smelling badly. During intermission, loathes food, desires cold air, though he *then* inclined to chilliness. Bowels regular; tongue clean; no thirst. *Pulsatilla*, 2^c; three doses, one every three hours during intermission.

Wednesday, at 10 A. M., had a paroxysm, with the same, though *greatly intensified*, symptoms.

The sum of the features or symptoms of the case, together with its now quotidian type, led me to believe the case was pointedly modified, and that here *also* was a clear aggravation of symptoms, and accordingly gave Sac. lac.

Thursday, September 24th, had a paroxysm coming on at 8 A. M. Hard and shaking chills, lasting one hour, after which great thirst, followed by fever with no thirst; headache; flushed face; dry, red eyes, and after the fever, sweating, with thirst; but very profuse perspiration at night, particularly upon the parts on which he lies. Great debility after perspiration. This was the sum of the symptoms gathered on Friday, September 25.

Exhibited China 2^c; ten powders, one every three hours. After this exhibition he had no more ill feeling, but speedily recovered and went to work, feeling better than before, and with continuing disappearance of the paralytic condition.

In this case, I was led to choose *Pulsatilla*, on account of the "thirstlessness," increase of chill during increase of pain,

(in this case headache), yellow and mucus-coated tongue, loathing of food, especially fats. The three doses of Pulsatilla, without doubt essentially modified the case, and *possibly* without repetition or succession, would have cured the case; for many of the symptoms remaining were of Pulsatilla.

Lastly, the strong characteristics of China: great thirst between chill and fever, or after fever, and during perspiration which is particularly profuse during sleep, and on the parts on which the patient lies; and the great debility from (this) loss of fluids led me to exhibit China 2^c, and with the above very gratifying result.

MATERIALITY AND FORCE.

BY PEMBERTON DUDLEY, M. D.

(Read before the Philadelphia Medical Society, October 8, 1868.)

ONE of the first claims upon the attention of the careful and systematic student of Natural Philosophy, consists in the difference, apparent or real, among the writers of the modern hand-books of the science. While the writings of different authors, in relation to other sciences more theoretical and less exact, may be reasonably expected to exhibit great discrepancies, there would seem to be little excuse for such discrepancies in works pertaining to a science so exact, and one dealing so generally in facts and so little in theory, as Natural Philosophy. We shall not attempt to point out these varying, and in some few instances, antagonistic opinions, further than in relation to the general properties of matter, and the qualities and primary results of physical force. Here, at the very outset of our investigations, we find the differences most strongly marked; whereas there is no portion of the science, in which such vigilance should be exercised to prevent the pupil from im-

bibing false notions that shall haunt his every step and constantly tend to lead him into doubt, perplexity, and error. The worst feature of this, would appear to consist in the perfect indifference with which the subject is regarded by these learned writers. The necessity of showing a reason for differing with contemporaneous writers, does not seem to have for a moment entered into their consideration; nor do they deem it requisite to give us any reason for preferring one view to another. Each writer is, to this degree at least, entirely arbitrary; presenting his own system of philosophy without any philosophy of system. Let us glance at a few of the facts.

Natural science consists in a knowledge of:—

1. The nature and properties of matter.
2. The nature of the agency by which changes are effected in the conditions of matter, and which we call “force,” and the laws under which the latter operates.
3. The changes in the properties and conditions of matter, resulting from the action of force.

It is of the first importance, that these three divisions be not confounded, and especially that the results of force action be not taken as the original properties of materiality. It is in this regard essentially that the writers of modern works have undesignedly led their readers into the grossest errors, and induced some of them, mentally, to rob the physical forces of many of their most important functions.

If we consult the above mentioned works, what shall we learn respecting the general properties of matter? While all agree in arranging them under two different heads,—principal or essential, and accessory or non-essential,—yet when the arrangement has been made the unanimity vanishes. One defines the essential properties as those that are common to all matter; another declares them to be those that are necessary to our perception of matter; while a third insists that they are those that are requisite to the existence of matter. One classes among them, gravity; another, figure; a third, indestructibility; a fourth, mo-

bility. In regard to the non-essential properties, still greater diversity prevails; most writers giving from four to six, but scarcely any two of them giving the same ones. It might be proper to state, however, in this place, that all of them unite in limiting the property of "*inertia*," in its application, to the conditions of rest and motion; thus implying that matter is not inert, in reference to any of its other conditions. We have been at some pains to ascertain all the general properties ascribed to matter by different writers, and sum them up as follows:—Extension, Impenetrability, Gravity, Divisibility, Figure, Attraction, Repulsion, Polarity, Porosity, Compressibility, Dilatability, Elasticity, Mobility, Inertia, Indestructibility. (15).

It cannot be disputed, that in a certain sense all these are the general properties of matter; but we insist that by far the greater number are not properties of materiality, but the primary or secondary results of force, acting upon matter. Divisibility is a property of aggregated matter, it is true, but matter may be conceived as existing in such a condition that it is no longer divisible. An atom of oxygen is not divisible, but it is none the less matter. So, also, gravity may be considered as a property of matter, because it manifests itself in connection with all material objects; and yet the gravity of a body depends, not upon an internal quality, but upon the energy of an extraneous force. A body does not forsake its condition of rest and move towards another body, as the earth, by virtue of any property contained within itself, else what becomes of the theory of inertia? Figure and Extension are both given by a certain writer, although the term "Extension" includes both figure and volume. Thus we might go through the whole list.

Now, in regard to force. We find it represented, at least by implication, as being produced or destroyed in the laboratory, at pleasure. How often do we see and hear remarks from learned men about "generating heat," or "generating electricity." If the word "excite" were used instead, it would save the student a world of difficulty.

It will not serve our purpose to attribute this condition of natural science, as set forth in the hand-books, to ignorance on the part of its professors; nor would such an assumption be correct. Driven to the test, the authors we have referred to will admit the instability of their own propositions. The improper use of terms, the want of method in presenting the outlines of the science, and the constant disposition to confound the properties of matter with the modified results of physical force, will account both for the differences between expositors and the perplexities and errors into which students are unnecessarily led.

We recognize the universe as made up of three grand divisions:—Mind, Force, and Matter. The first is the intelligent author; the second, the obedient instrument; the third, the passive subject, of all the operations of nature. They form the basis of all scientific truth. The first can scarcely be included in the investigations of natural philosophy. The second is beyond our conception, save only as we can study its action upon matter. The third is ever found with its conditions modified by the action of force. This action is universal, and its results are everywhere seen. How, then, shall we know which of the qualities and conditions of matter are due to the action of force, and which are the essential sequences of materiality?

Faraday asks the difficult question, "which was first, matter or force?" Can force claim priority of existence, or was it instituted at the same moment in which matter was created; or was there a period, longer or shorter, in which matter existed free from the action of force, and divested of everything save its materiality? Science has hitherto failed to solve the problem; though revelation intimates that before force existed, matter was, or, at least, for a period this instrument lay dormant. When "the earth was without form and void, and darkness moved upon the face of the deep," it could not have been under the influence of the so-called properties of gravity and cohesiveness, because the

exercise of these properties would quickly have given it form.

If we push our investigations as far as we may, we shall find that matter, when divested of all the modifications which force produces, is possessed of but four general properties; two essential, and two non-essential: the essential properties being such as are necessary to its existence, and the non-essential being common to all matter, though not absolutely a part of its materiality.

The two essential properties of matter are, Extension, by which it occupies space, and Impenetrability, by which it excludes other matter from that space. These two properties, and these only, are necessary to its existence.

The non-essential properties are, Inertia, or the inability to change not merely its condition of rest or motion but any of its conditions, and Indestructibility, or its power to resist annihilation.

Force may be shown to have two properties in common with matter,—Inertia and Indestructibility. This is something not taught in many of the books, but easily discovered in the more isolated writings of modern philosophers.

Force, when latent, cannot incite itself to action, nor when in action can it return, of its own power, to a dormant condition. It may change its form, it may be diffused or concentrated, but it can be neither increased nor diminished, generated nor destroyed. It is manifested under a number of different forms, susceptible of division into “Inherent,” including those which cannot exist outside of the mass of matter in which they are found; and “Transmissible,” or those which can leave one body of matter and pass into another. The first of these classes includes Gravitation, Cohesion, Chemical affinity, and Vitality. The second, Heat, Light, Electricity, and Magnetism.

The different conditions of matter above mentioned, will be found to include, in the different modifications to which they are subject, all the changes that force can produce, and

all the so-called properties of matter, except Extension, Impenetrability, Inertia, and Indestructibility.

We have presented in these paragraphs no new thing. We can easily detect the propositions we have offered, in the isolated productions of modern men of science; but we look in vain for their elucidation in modern text-books. While science is rapidly advancing, its written expositions are lagging too far in the rear. If our own profession is ever going to move in the matter of presenting to the public the best expositions of scientific truth, the fullness of time is come. Nor should we longer ignore the just claims of *our* students, to the best facilities for acquiring a knowledge of the sciences collateral to that of medicine, and compel them, by their patronage, to aid in building up allopathic fame and enlarging allopathic fortunes. There are men in our profession who possess more cultivated powers of observation, more extended views of nature and her resources, more ability for close analytical reasoning, than any to be found outside of it. Men, too, of ripe experience, and fully imbued with the spirit of the inductive philosophy, who, if so disposed, might place in the hands of our medical students, works on the collateral sciences, far superior to any they now receive from allopathic writers, and compel a reciprocity of trade between us and our allopathic brethren.

THE VALUE OF PATHOLOGY.

BY CHARLES HEERMANN, M. D.

A CONTEMPORANEOUS journalist, having lately written an elaborate and conscientious financial article, received neither answer nor comment to his publication, which, just now, seems labor lost.

"Why, sir," said he, one day, "had any journal in the country only called it false or foolish, the whole question would have been opened up and elucidated."

It is somewhat thus with Dr. Sharp's "Organopathy." It only wanted a critic. From the article "Review" (*H. M.*, Vol. IV., No. 1, pp. 20-37), Dr. Hering has volunteered as such, and calls our attention to this whole subject. Without his pamphlet, Organopathy might have slept a long while yet, notwithstanding "the number of those endowed with a speculative turn of mind" appealed to by its author. Thanks are due Dr. Hering. His is no ordinary intellect; the results of his labors will live long beyond this generation, even if some, and granted they are justifiable in so doing, cavil at his style.

But Hahnemann is not to be spoken of lightly or irreverently, although Organopathy should be *the thing*; and it will not answer, in our day, to complain of the conscientiousness with which symptoms have been noted down in our codex, until something better appears which may take its place.

The subject of which Dr. Sharp treats is one of no minor importance now. In some modified form, it certainly will be studied out hereafter. As time wears on, there will be added not only new and closer data to our pathogenetical indications, and hence greater certitude of prescription; but deeper knowledge of the relations between the therapeutical indications of remedies, and pathological states to which they seem to apply. And in proportion to that certitude, on the one hand, and that knowledge on the other, the whole school, masters and pupils, will become more thoroughly scientific and accurately practical.

In this small compass lies the whole scope of ideas upon which the members of our profession seem to differ in opinions. Thus, as to therapeutical indications:

Some thorough students of the Symptomen Codex, profess to attach importance only to subjective symptoms, and *affect to ignore pathological states*. The more accurate in their investigations as to the similitudes and differences in the symptoms elicited by remedies in the *provings*, the

more are they able to make use of single remedies and high potencies in the treatment of disease.

Others attach more importance to pathological states; and even *some affect to ignore the value of individualizing symptoms*. These practitioners generally use low potencies. Indeed, the treatment of syphilis and its affiliated branches affords them, at least up to this hour, some, and good ground of justification.

To this class belong not only many well instructed, indeed learned and talented men of our School, but the inert, the inexpert, the inept, and will-be (*à toute force*) practitioners, self-taught, and too old to learn or improve, who, from various motives, have joined the homœopathic ranks.

I mean no disparagement. Both classes have done good service, and left memorable records. Both, exclusive in regard to each other's views, support their own with arguments plausible and successful enough for themselves, but whether profitable for us all, the future will show.

A third class there is, not a few just now, who, sensible that *all* knowledge was granted for a purpose, reject neither symptomatology nor pathology in their inquiries as to therapeutical indications. By a natural process of ratiocination, they are endeavoring to discover the true relations between the two.

You will find these men using, with some discernment, both kinds of potencies, high and low, and taking note of many valuable and well-timed observations.

The field they are exploring will soon become the arena of the keenest intellectual aspirations hereafter. The solution of secondary questions will follow as corollaries, and one great result of united efforts will be that which has elicited the inquiry from Dr. Sharp.

Effectually, is it *true* that *any one* really ignores pathology in his study of therapeutical indications? No, certainly not. "The eye is inflamed, affected with staphyloma, the lids are swollen, the tongue is coated black everywhere but at the rims, or the tip of it is red, the gland is suppurating,

an ulcer occupies the pharynx, the tonsil, the uvula, the mucous membrane of the mouth is puckered up, &c."

Even the staunchest symptomatologist, seeing these, takes heed. Name them, if you please, *objective symptoms*; they ARE pathological states.

Nay more: called in at the first stage of pneumonia, he prescribes one remedy, perhaps Acon., perhaps Sulph., perhaps anything else (he thinks he should prescribe).

Called in at the second stage, his mind is at once directed to other remedies, because he knows that those applying to the first pathological state of the system would not be as efficacious now.

Called in at the third stage, he sees another stadium of disease, and his mind is directed again to other remedies.

No one blames the symptomatologist for this apparent oblivion of his profession (perhaps the patient may be in such a state as to preclude other means of information). We know that he will decide, in these different pathological conditions, between the remedies indicated, as best he may, by means of their different pathogenetical hues. It nevertheless remains true that the diagnostical knowledge of these various pathological states not only possibly shortens the labor of prescription, but probably renders it more accurate, and irrefragably good.

Is it unreasonable to ask that this study be pushed further yet? Since we, all of us, take into account those pathological states, which *we do see on the surface*, should we wantonly ignore those which *we do not see*? Is this knowledge impossible? No, but it will require patient observation, careful inference, united labor and time.

If, in one headache, I discern a certain form of indigestion, in another heart disease, in another uterine congestion, induration, inflammation; or that, notwithstanding the patient's denial, this toothache arises from anger, this suffering from suppressed grief, or blighted love, why should I not be able to infer, from any given case, or from several collated, or from a number of cases, the unseen and hidden

everywhere, extend my knowledge from case to case, raise hypothesis to probability, probability to certitude?

It will no longer suffice to amuse our imagination with the pretty *similies*: Phos. is a fop, Puls. is a blonde maiden. Spillau's classification and Teste's groupings, as valuable as they are interesting; even the gigantic work of Hering's Gross, and its useful results, are but part of the labor to be performed. Each medicine *must* have attached to it a definite portraiture in the family of pathogeneses, from which, as the painter in the gallery detects the school, the age, the master, the practitioner may select on the spot. All will engage in the work until a perfectly accurate knowledge is gained of the pathological states of organs, and their degrees, corresponding to certain series of symptoms. Or, expressing the thought in aphoristical form:

Given a certain series of symptoms, you have such or such a state of the internal organs.

Or, speaking of the provings of drugs, you have this other aphorism:

A drug producing, in one potency, such a series of symptoms, acts in this or that known way on certain organs.

Or, tried in another potency, it acts, producing such another known disturbance of internal organs—and so on.

Whether, this work accomplished, the lazy thinker or the short memorizer will be the only ultimate gainers, I am not prepared to say. But, up to that period, we may assert that indefinite, chaotic ideas, as generally existing in *Materia Medica*, are, properly speaking, no ideas whatever. Medicines *MUST* have their *punctum saliens*, their great characteristic trait or traits, from which minor features result. And in this shape, they will be stored away, for ready use, in memory's keeping.

Why anathematize views like these? Is there nothing practical in them? Or rather, are they not likely to lead us, in diagnosis, to such a thorough knowledge of the state of things in a constitution, that we will be prepared for any future developable stages of disease?

I would not question the science of our Master's method of investigating—"What's the matter?" nor the success of its application at the bedside. But I do question whether my duties end in the simple application of methods, and attainment of results in the sick room, or success as a practitioner. To be sure, mankind may and does arrive at other ends than those we directly seek. Since, ourselves, "atoms in the universe, the action and reaction we have impressed to other atoms around us, elude our will, and even our ken, to appear sensible to others who follow."

But I'm not satisfied ascertaining indications more or less reliable—*effects, epiphenomena* merely; I want to know *all*, or the cause of what's the matter, the phenomenon itself.

Hence, let us pursue the pathogenetical and pathological investigations abreast, and with less exclusion than is now the case. 'Twill be an effort at progress to advance from *the seen to the unseen, from objective symptoms to Organopathy.*

Now, *practitioners*, fitting a remedy with more or less accuracy to a case of disease, we will become *physicians*, and read the constitution, as it was, as it is, as it may or may not become. And how help or hinder, unless we *know* what's to be done?

Investigation will not be quashed with epithets and ridicule. Broussaisism, perhaps, but, if so, modified, may find place in our science, generalization certainly will, as in all others. But we must be logical. Admitting premises, we must admit consequences, rigorous though they may be, and leading us far away and above the little sphere in which our thought has habitually turned.

NOTICE TO MEDICAL STUDENTS.

MALCOLM MACFARLAN, M. D., Professor of Surgery in the Homœopathic Medical College of Pennsylvania, will receive a few students into his office, for private instruction in surgery, the use of instruments, ophthalmoscopy, laryngoscopy, etc. For terms, etc., application may be made to Professor Macfarlan, No. 1721 Chestnut Street, Philadelphia.

AMPUTATION OF THE LEG.

BY J. H. McCLELLAND, M. D.

THE *Hahnemannian* for September, contains the report of a case of "non-amputation," in which reference is made to an amputation performed by myself, for *caries* and *necrosis* of the ankle-joint.

The case of Drs. Richter furnishes additional evidence in favor of conservative surgery, and reflects much credit upon them for their skillful treatment.

In referring again to the "amputation," I do so merely to give some additional facts in regard to it, and to show wherein it was truly *conservative* to adopt *radical* measures.

In the first place, the case was under my observation and treatment for more than two months previous to the operation, a sufficient time to take into consideration the probabilities in the case.

Secondly. The condition of the bones was such as to preclude the possibility of restoration; inasmuch as they were denuded of periosteum, a greater part of their tissue softened and broken down, the foot distorted, and in fact, a considerable portion of the entire joint in a state of *necrosis*; facts which were fully confirmed by the *post-amputation* examination; so that reparation was impossible, and amputation necessary to save life.

Thirdly. Previous to the amputation the boy's weight was forty-seven pounds; three months after, it was seventy-eight pounds, and he is now going about on an artificial leg, to all appearance as if nothing had happened.

It would thus appear that this case was not sufficiently "similar" to the one reported by the Drs. Richter, as to admit of the same course of treatment, however much that would have been desirable.

Conservatism in surgery, requires us to save all we possibly can, but will not justify the loss of a *life* to save a *limb*.

THE BANDAGE AFTER PARTURITION.

BY M. A. RICHTER, M. D.

IN 1851, when in San Francisco, I was called to a lady from New Orleans, who expected to be confined. She had children born in New Orleans, was of rather delicate health, and inclining to diabetes and flowing in child-bed.

She was delivered of a well sized child, in due time, and as this happened late in the evening, and she appeared much exhausted, I enjoined absolute rest, and ordered the bandaging to be delayed until morning, when I would decide upon the question of its application. This is my way of avoiding it; for that it is among women as a kind of gospel, is well known. About three or four hours later, the husband called me out to her, she being in a state of great excitement and fever. I hurried to her bedside, and found her as reported. On examining her abdomen, I found a thick bandage tightly applied, by a New Orleans doctor's wife, boarding at the same house. I removed it carefully, applying instead, cold fomentations, gave the indicated medicine, and watched the case until the excitement and inflammation subsided. She recovered entirely. Was not that bandage the cause of the dangerous condition?

On Jan. 30th, 1863, I was called to a lady in B——, *æt.* 38, of phlegmatic temperament. A fortnight before, she had been delivered of a large child, a stout boy. She complained of diarrhœa; abdominal pains; restlessness; chills; vomiting of food; debility. She had quick, weak pulse, chills, fever, and a tympanitic abdomen. This dangerous situation I explained to her husband. I also here had to remove a bandage, and replace it by fomentations. I prescribed the indicated remedies, and made her more comfortable. She slept better, ceased to vomit, and had less diarrhœa; but the great tenderness of the abdomen remained. On the 4th of February, she vomited a quantity of green matter, fainted, and died.

Would this fatal result have obtained if she had not been bandaged for a fortnight?

Will you not, Mr. Editor, call for cases where unbandaged lying-in women have been attacked with this fever, when generally well attended to?

LETTER TO THE EDITOR.

Vomiting of Urine.

My Dear Doctor:—The case reported by Dr. Gardiner, in the September number of your magazine, is decidedly curious, to say the least. I have not the slightest doubt the urine was vomited; but how did it get into the stomach? We had a meeting of the *New York Medical Club*, last evening, at the house of Dr. Ball. The case being fresh in my mind, and hoping to get some light on the matter, I related it as published. We hardly agree with you as to the communication between the right kidney and the stomach. Two of the physicians present had had cases somewhat similar. In both instances they proved to be cases of *hysteria*; in which the patients, to gratify some morbid appetite, had swallowed their own urine, and, after puzzling the doctors for a long time, were finally detected in the act. Susan was aged twenty-nine, and *unmarried*—could not hers be a similar case?

Yours truly,

J. W. DOWLING.

New York, September 29, 1868.

HOMŒOPATHY IN RUSSIA.

(From the *National Intelligencer*, October 31st, 1868.)

Washington, October 30th, 1868.

Editor of the *National Intelligencer*:—It has been generally reported in the press of the United States that the Emperor of Russia, by a "ukase," forbade the practice of Homœopathy in his dominions. I have the authority of the Russian Legation here to state that there is not a word of truth in the report.

T. S. VERDI, M. D.

CHLOROFORM AND ETHER.

BY J. H. P. FROST, M.D.

A LATE allopathic medical publication recounts eleven cases of death, which have recently occurred from inhaling chloroform. One of these, in Vienna—the others being in England—was a man of twenty-six years, who had much arterial hemorrhage, from a wound in the palm of the hand. His sudden death, while under the influence of chloroform, administered to facilitate the tying of the divided arteries, was attributed to “very violent spastic contraction of the heart in a subject weakened by loss of blood.” Another, a man of twenty-eight years, whose finger had to be amputated for a recent injury, died in convulsions, from inhaling only a drachm of chloroform. This fatal result was immediately due to *pre-existing fatty degeneracy of the heart, —of the presence of which the stethoscope had disclosed no signs!*

Of the very many fatal cases of anæsthesia, it is claimed that nearly all are caused by chloroform; and almost, if not absolutely, none at all by sulph. ether. This is the position assumed by a writer, Dr. Lente, in the *American Journal of Medical Sciences*,* who analyzed many of the supposed cases of death by ether, showing that death resulted from other circumstances and influences. And in confirmation, Dr. Lente says: “Dr. G. Hayward, of Boston, who is excellent authority in this matter, agrees with Dr. Snow, that no well attested case of death from sulphuric ether is recorded.”†

Dr. C. Kidd, in a paper read before a physiological society in Great Britain,‡ gives an account of one hundred and thirty-three deaths,—ninety in male, forty-three in female patients,—of which one hundred and nine were said to have been from

* No. XXXII., New Series, page 358.

† *Brit. and For. Med. Chi. Rev.*, 1859.

‡ *Vide British Medical Journal*, September 22, 1860.

chloroform, twenty-four from ether. Accidents in children, he says, have been almost unknown; the immunity from danger in diseases of children and women, being very marked. Speaking of the large number of from 250,000 to 300,000 operations of various kinds, already performed under the influence of anæsthetics, chiefly chloroform,—several hundreds of which, were the most serious surgical cases, and the subjects had been for more than an hour fully anæsthetized,—he says: “there had not been any well attested instance of death from stoppage of the functions of life, or narcotism of the system by chloroform. On the contrary, fully 80 per cent. of the deaths, and nearly all the deaths from chloroform, had occurred in trivial operations, from very small doses, *suddenly*, before the anæsthetic had produced its full effect. Dr. K. suspected that, anæsthesia once established in a favorable subject, respiratory action was diminished, and that inhalation or normal respiration continued on a diminished scale also, almost after the manner of hybernation in warm blooded animals. But respiration once disturbed, *attended by spasm of the glottis* through the recurrent laryngeal nerves, especially in strong, healthy, but nervous subjects, for trivial operations, death might occur, and usually had occurred, from a few drops of chloroform.”

The latter conclusion, as to the fatal action of small doses of chloroform in some cases, is no doubt perfectly correct. But the frequently fatal influence of full doses of this powerful drug in entirely arresting the respiration and the action of the heart, as instanced in the two cases noted at the commencement of the present article, must neither be denied nor overlooked.

It is thought by some, that *anæsthesia is merely one of the early symptoms of asphyxia*. The anæsthetic first removes all the coöperation of the voluntary nervous system sustaining respiration; and, if its influence is persisted in sufficiently long, or if this influence is exerted in undue proportion to the vital forces, the action of the sympathetic nervous system in sustaining the respiration is equally and entirely arrested.

And from the mutual interdependence of the respiratory and circulatory functions, it happens that the latter must fail in equal ratio with the former.

And yet there is another class of cases, instanced already above, in which a weakened or abnormally obstructed condition of the heart, previously existing, but perhaps unsuspected or incapable of being diagnosed, may cause this vital organ to succumb forever, even before respiration is so much diminished as to excite alarm. Such cases prove fatal without a remedy; and unless an autopsy is allowed, the most *painful* imputations of carelessness or incompetence may rest upon the administrator.

The action of sulphuric ether is quite the reverse of chloroform, in respect to the circulation. Ether restores the force of the circulation which has been weakened dangerously by chloroform; and the exhibition of the former has been advised, in prolonged operations, to maintain the anæsthesia originally induced by the latter. Thus there exists a natural antagonism between the physiological action of these two agents, independent of their anæsthetic qualities. Ether causes contraction of the heart and arteries, even during the period of the influence of chloroform. As originally given, ether seems to induce a certain degree of anæsthesia amply sufficient for surgical purposes, without at all affecting the normal action of the sympathetic nervous system in maintaining the respiration and the circulation. In fact, the respiration may often be seen to be remarkably like that of a person in natural sleep; while the circulation exactly coincides.

From these and other considerations, which need not here be recounted, we conclude that in the exhibition of chloroform as an anæsthetic agent there is always danger; *always the possibility of a fatal termination*, in spite of every precaution. For it should not be forgotten that it is very much more difficult to restore respiration and circulation in bad cases from chloroform, than in those from ether; while in the use of ether, under circumstances apparently

suitable, there is never a probability of fatal results,—never even a possibility,—if the ordinary precautions are observed. But the employment of the mixture of chloroform and ether, is really more dangerous than that of either one alone. And this from the simple fact of the sextuple density of chloroform; the ether rapidly evaporates, producing but incomplete effects; and the residual chloroform is then ignorantly given in its full force, with a freedom of administration which would be at once admitted to be dangerous, if at all understood.

Homœopaths are far less inclined to the use of anæsthetics than allopaths; and if they are to use them at all, and thus with less experience, it becomes the more requisite that they should exhibit them in the best possible manner. And, therefore, we advise to *entirely discard the use of chloroform*. The surgeon who uses it will always do so at his own peril as well as that of his patient. Ether is seriously objectionable in persons who are either consumptive or predisposed to pulmonary phthisis. In such cases the *nitrous oxide* affords a safe substitute. The other objections, of length of time requisite, and large quantity of ether consumed, may be, in a good measure, obviated by observing the following directions, furnished by Dr. Lente, to whose article reference has already been made above.

“To be effective within a reasonably short time, the ether must be given rapidly, and the *access of air cut off as much as possible*, the reverse of what is safe with chloroform. The only effective inhaler we have used, or seen used, is a large, cup-shaped sponge, sufficient to cover completely the nose and mouth, and covered with a thick, folded napkin, to prevent undue evaporation, as far as possible. I now pour into the sponge about half an ounce of ether, and, covering it fully with two thick towels placed together and folded into a square large enough to cover both it and the face to some extent, approach it gradually, but without much delay, close to the face of the patient, after directing him to take full inspirations through nose and mouth. If he is disposed

to hold his breath during the inhalation, or to cough, I withdraw it a trifle to allow a larger admixture of air, and then immediately approach it again to the face; and as soon as it can be inhaled fully, without coughing or strangling, the sponge is kept lightly *in contact* with the face, and the towels held completely over the sponge and face, gathered in around the edges so as to cut off *evaporation of ether* and *ingress of air*. The half ounce is soon followed by about an ounce, which is rapidly poured *into* and not *on* the sponge. The necessity for replenishing being judged of by the time, or by the nose applied to the edge of the sponge, a little raised. When insensibility is *complete*, judged of by the relaxation of the muscles of the arms, or by touching the *conjunctiva*, the sponge is either entirely or partially removed from the face, according, sometimes, to the nature of the operation, sometimes to the character of the respiration and pulse. Stertorous breathing contraindicating even the smallest quantity of the vapor." In this way complete anæsthesia may be induced, in adults, in from five to eight minutes; "and the patient gets so saturated with the ether, after six or eight ounces have been inhaled, that very little applied, from time to time, (in the course of the operation,) will keep up full insensibility."

OWING to a pressure of labor consequent on our professional duties, we have been unable to attend to our exchange list, and have been forced to neglect several works that have come to us for review—amongst others, the new edition of Professor Hale's work on "Abortion and Sterility."—We hope, however, to be able to attend to all these matters in our December issue.

MASSACHUSETTS HOMŒOPATHIC MEDICAL
SOCIETY.

THE semi-annual meeting of this Society was held in Meionian Hall, on Wednesday, October 14th. Between seventy and eighty members were in attendance during the session. At 10½ A. M., the meeting was called to order by the President, H. L. Chase, M. D., of Cambridge.

The records of the last annual meeting of the Society and of the Executive Committee, were read by the Secretary, L. Macfarland, M. D., of Boston, and were approved.

The President made a brief address. He said he was pleased to see so large an attendance of the members of the Society, and congratulated them upon the continued increase of their numbers, and the rapid extension of homœopathic practice throughout the country. He urged upon the members extra zeal and effort for the propagation of the principles of their practice; and said that with fifty-four practitioners of this school in Boston alone, the medical college, for which a charter had been obtained, ought to be put into immediate and successful operation in the metropolis of New England.

The following gentlemen were balloted for and unanimously elected members of the Society: M. V. B. Morse, M. D., of Marblehead; Geo. W. Gunter, M. D., of Natick; Alonzo Boothby, M. D., of Boston.

Reports followed from the Corresponding Secretary, Treasurer, Librarian, Committees on Library, and Publication.

The Committee on Materia Medica through Dr. Conrad Wesselhœft, presented the following report:

“Two provings were received in accordance with the circulars announcing a prize to be awarded for the best proving of *Dioscorea villosa* and Bromide of Ammonia. The former fills a manuscript of eighty-four pages, the latter is less voluminous, occupying about eighteen pages. These provings comprise the history of each observation, giving the pathogenesis in the natural consecutive order of the symptoms; secondly, the symptoms are arranged according to the anatomical sections of the body in the usual manner; and thirdly, a number of clinical cases illustrate the effect of the proved remedies upon the sick. Concerning the general arrangement and labor which must have been devoted to these provings, your committee are glad to express their admiration, and consider the authors entitled to the thanks and praise of this Society; but at the same time your Committee regret that these provings do not come fully up to the requirements and conditions entitling them to the name of prize essays or provings, since but *one person* appears as prover in each of them, it having been distinctly announced that at least five provers were required for each. Your Committee would furthermore suggest that the final arrangement or *resumé* of the symptoms is not so perfect as the

volume of symptoms would warrant, or to ensure sufficient practical value of the proving; furthermore, it appears desirable that the author should have added to his own experience that of others scattered throughout our literature, especially regarding the *dioscorea*, of which there is a proving in Dr. Hale's "New Remedies," containing probably all that was previously known.

"In consideration of these conditions, your Committee have not opened the envelopes containing the name of the author; at the same time they do not wish to be understood as placing a low estimate on these productions, which it is hoped will soon be perfected by their author and published in the annals of this Society as among the foremost and best that have ever been presented."

Dr. C. Wesselhœft read a paper on *Iris versicolor*, which was accepted and referred to the Committee on Publication, with the recommendation that it be published in the *New England Medical Gazette*.

Dr. Jas. Hedenberg, of Medford, Committee on Clinical Medicine, presented a very interesting report, in which he had collated the clinical experiences and observations received from nine different members. He regretted that more interest had not been exhibited in this department, which could and ought to be made of great value to the profession. His report was accepted, and referred to the Committee on Publication.

Dr. I. T. Talbot, Committee on Surgery, presented an abstract of a paper on the progress and present condition of surgery, which he said had made equal progress with medicine since the advent of Homœopathy. Conservative or preservative surgery is now the aim of surgeons. Under the influence of ether, whose anæsthetic influence was discovered in our own city, and hence has extended over the whole civilized world, severe and difficult operations are now successfully performed which without it would not be attempted. The object of the surgeon now is to operate *well*, not *quickly*, and long and tedious dissections can be made among important blood-vessels and nerves, such as are required in the removal of the parotid and submaxillary glands, etc., etc.

The treatment of wounds has improved greatly, and the dressing with cold water and the use of *Arnica*, *Calendula* and *Hamamelis*, together with proper internal medicines, gives to the homœopathic physician great aid in surgery. He referred to certain specific remedies applicable under the law of similia, such as *Phyt. Sil.* *Hepar. Lach.* and *Sulph.* Carbolic acid, a comparatively new agent, is of great value as a disinfectant and deodorizer. It is also a most valuable escharotic, especially in diseases of the mucous surfaces. Sayre's splints are a great improvement in the treatment of hip disease, by means of which the patient is allowed freedom of motion, air and exercise, instead of confinement, loss of general health, and the best result gained, an ankylosed joint. Loomis's ovum and bullet forceps were exhibited and explained.

Diagrams of improved methods of operating in *fistula* were exhibited, and the causes of the frequent failure of treatment by the knife com-

mented upon. He concluded with the hope that this Society would contribute its share to the improvement of the science and practice of surgery.

It was voted that the entire report be accepted and referred to the Committee on Publication.

Dr. J. H. Woodbury, of Boston, Committee on Obstetrics, was unable to be present, but requested the Secretary to read a report received from E. W. Sanford, M. D., of Brookline, of a case of labor, in which the vagina ruptured, and the fœtus escaped into the cavity of the abdomen.

Dr. A. J. Bellows, of Boston, presented a voluminous paper on "The Application of Food to the Prevention and Cure of Chronic Diseases."

Pending the reading of this paper, the Society adjourned to partake of a collation furnished by the Boston members.

AFTERNOON SESSION.

The Society re-assembled at 1½ P. M.

Dr. Bellows resumed the reading of his paper, when, on motion of Dr. Krebs, it was voted that the further reading of the same be discontinued.

The case of Dr. Luther M. Lee was referred back to the Executive Committee.

Delegates from other State societies were welcomed, and invited to participate in the discussions of the Society.

Dr. Sparhawk, of the Vermont Homœopathic Society, addressed the convention briefly on the condition of Homœopathy in his State, which he represented as steadily increasing in popular favor. The State Society has increased in fourteen years from twenty to sixty-four members, who consider themselves pure homœopathists. The meetings are fully attended and interesting.

Dr. Morrill, of Concord, N. H., President of the New Hampshire Homœopathic Society, said that Homœopathy was maintaining its favorable position in the Granite State, and the meetings of the Society were increasing in interest.

Dr. David Thayer, of Boston, who was a delegate from the Massachusetts Society to the American Institute of Homœopathy, which convened at St. Louis, in June last, made a brief, but highly interesting report of his visit and the progress of Homœopathy throughout the West. The meeting of the Institute, he said, was very harmonious and enthusiastic, and much larger than usual. The practice of Homœopathy in that section of the country was largely on the increase, and its efficacy became more and more apparent. He had assured the convention there that their next annual meeting in June, 1869, which was to be held in Boston, would be one of unusual interest, and he had promised them a cordial New England welcome.

On motion of Dr. I. T. Talbot, of Boston, the Code of Medical Ethics, adopted by the American Institute of Homœopathy, at St. Louis, was unanimously adopted by the Massachusetts Society.

Before the regular topics assigned for discussion were taken up, Dr.

David Thayer, of Boston, spoke briefly of the beneficial effects he had found to arise from the outward application of rubber cloth, in rheumatic affections.

Drs. Jones and Russell remarked that they had used the same application with advantage.

Dr. Wesselhæft inquired if the effect was not due to the presence of sulphur in its composition.

EPILEPSY.

The subject of Epilepsy—its cause and cure—was then taken up for discussion.

Dr. F. H. Krebs, of Boston, spoke at considerable length on the subject. He had, at different periods of his practice, had patients with this popularly considered incurable disease, and had in two instances, he believed, effected a permanent cure. One, the case of a young woman, he had treated with Belladonna, 2c.. The other, a man of twenty-seven years, he had treated with Sulphur, 2c., giving of each remedy three powders. These cases occurred some three or four years since, and as yet there had been no recurrence of the convulsions.

Dr. Gregg, of Boston, had administered Bromide of potassium, and by this means had succeeded in preventing a recurrence of the attacks oftener than once in four or six months, while before administering this remedy the patients were accustomed to be attacked as often as once in two months.

Drs. French, of Lawrence, Pearce, of Charlestown, and Pease, of Boston, had used the same remedy prescribed by Dr. Gregg, and with the same result.

Dr. Scales, of Newton, had given Bell. in a case under his care, with apparent good effect, for the patient had no recurrence of the attack for one year. At the end of that time, another attack was experienced, Bell. was again administered, but this time with less satisfaction, as a third spasm occurred four weeks after.

Dr. Packard, of South Boston, said he had never attempted to cure a case of epilepsy, as he entertained serious doubt of the possibility of such an achievement, but he was in the habit of administering ether to his patients at the time of the attack, which usually had the effect to relieve them promptly.

Dr. Russell, of Boston, had found Bell. 30 an efficient remedy in many cases, also Hyos. 30. Dr. Knight, of Marlboro', said that on one occasion, while administering ether to a patient, subject to epilepsy, whose arm he was going to amputate, a violent epileptic convulsion occurred.

Dr. Spaulding, of Hingham, reported a case characterized by soreness of the head, which he thought he had cured with Sepia 3.

Dr. Chamberlain, of Worcester, thought that many of the cases of epilepsy resulted from onanism. He had treated one or two cases, in which he had given Bell. with good effect.

Dr. Talbot, of Boston, had a case under his care several years ago, oc-

casioned, he thought, by the habit mentioned by Dr. Chamberlain. He gave Thuja 1, with success. Another case, in which enuresis was a prominent symptom, was relieved by Canth., while Bell. and Sulph. were applicable in the more common cases.

Dr. Morse, of Salem, had a patient, a married man, afflicted with epilepsy, which he thought was caused by excessive coition. The man entered the army, and was absent from home a year, when he returned, completely cured.

Dr. Hayward, of Taunton, gave Sulph. 2c., to a patient under his care, and he had no return of the attack for nine months.

Dr. Barrows, of Taunton, reported a case, for which he thought Bell. and Sulph. were indicated. He administered first, Bell. 2c., then Sulph. 2c., by olfaction, during an attack, with marked relief. These remedies always controlled the convulsions. Another case, which developed during an attack of typhoid fever, was greatly benefitted by Bell. 4c.

Dr. Woodvine, of Boston, spoke of parasites in the small intestines, as a cause of epilepsy.

Dr. Hedenberg, of Medford, remarked upon the hereditary disposition to epilepsy, and related illustrative cases. The only case he had known to get well, was that of a young lady who was suspected of indulgence in vicious habits. She was kept under strict surveillance, and the attacks ceased.

Dr. Jones, of Taunton, had witnessed good effects from Cuprum and from Bell.

Dr. Brooks, of Clinton, said he had treated a good many cases, but was not aware that he had ever cured one. He had given Bromide of potassium with marked benefit.

CHOREA.

The subject of chorea was next taken up, and Dr. A. J. French, of Lawrence, was invited to open the discussion. He said that he had treated a good many cases, and with varying results. Some of his cases had resisted all the remedies used, while others had promptly yielded to Nux. v.

Dr. Knight, of Marlboro', had given Ign. with good effect.

Dr. Packard, of South Boston, has cured a great many cases with *Cimicifuga*, 1st, dec. dil.

Dr. Gregg, of Boston, was in the habit of giving Stram. and Cuprum acet. in the 3d potencies, and had seen thirty or forty cases recover under the use of these remedies.

Dr. Morse, of Salem, thought that Nux v. was the most generally indicated and successful remedy in this infirmity. He had cured many cases with a single dose of this drug. The indication for Nux is twitching of the jaws and the upper extremities. Hyos. next to Nux is the most useful remedy.

Dr. Pearce, of Charlestown, had under his care a boy of very studious habits and rapid growth, who at the age of fourteen years began to show

signs of chorea. The symptoms rapidly increased, and a complete and violent chorea resulted. Various remedies were administered with but temporary and partial relief. At length he was sent into the country and put at work upon a farm, without medicine. In three months he returned to the city greatly improved. Another case, in which pin worms was thought to be the cause, was cured by Santonine.

Dr. Scales, of Woburn, had treated the disease with a variety of remedies and with different results. He had latterly used *Cimicifuga* with tolerable satisfaction.

Dr. Jones, of Taunton, said that he had found *Ign.* an effectual prescription in cases in which the left side was principally affected.

The last of the subjects proposed for discussion at this session was "In what disorders met with in every day practice is *Sulphur* indicated and curative." Owing to the lateness of the hour at which this was reached, the discussion of it was quite brief.

Dr. Krebs remarked that he thought *Sulphur* more frequently indicated and curative in chronic maladies than in "disorders met with in every day practice." In *otorrhœa*, he had found it an invaluable remedy, used in the 20th potency. In *hæmorrhoidal* affections it had done excellent service, and in chronic constipation was usually effectual when employed in the potency above named.

No other member spoke upon this question, and, on motion, the meeting adjourned.

L. MACFARLAND, *Recording Secretary.*

PHILADELPHIA MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M. D., Secretary.

THE regular monthly meeting of the Society was held October 9th, 1868, the President, Dr. Gardiner, in the chair.

The minutes of last meeting were read and approved.

DR. PEMBERTON DUDLEY, after making some prefatory remarks, then read a paper entitled "*Materiality and Force.*" (See page 163.)

The thanks of the Society were tendered for this able communication.

DR. JOHN C. MORGAN remarked to the effect, that the subject of the paper so ably presented by Dr. Dudley was one that had always been of much interest to him. He believed that matter and force had no power within themselves to obey law. Law is made only for intelligence, for it is intelligence alone that can obey or disobey. Some persons seem to be of the opinion that matter and force were first created and then left to themselves to act for all time thereafter; for himself, he believed, on the contrary, that there is a constant interposition of Divine intelligence, by

and through which instrumentality, which we term natural laws, properties or forces are operative.

DR. JACOB JEANES then read a very interesting paper, entitled "A Practical Paper." (See page 145.)

A vote of thanks was tendered Dr. Jeanes for his paper.

DR. DAVID JAMES asked whether it was with the dried or green root of the burdock (*Arctium lappa*) that Dr. Jeanes made his experiment.

DR. JEANES replied that the root was in a semi-dried condition.

DR. WILLIAMSON remarked that there had been some very interesting points touched on in the paper of Dr. Jeanes. He did not wish to be understood as wishing to criticise the practice of the Doctor, yet the question presented itself—could a like success, in the cases narrated, have been obtained from the use of another remedy? Homœopathic physicians are apt to think that there is but one remedy will cure a given case. Of course, that remedy which is most homœopathic to the symptoms and conditions, will, according to the doctrine of Hahnemann, cure safest, quickest, and best. But, at the same time, it is plain that analogous remedies will cure similar groups of symptoms. In regard to Dr. Jeanes' remarks on his use of Kali nit., he would observe, that it not infrequently happens that we give a remedy, thinking a certain symptom may be found in its pathogenesis, and the patient gets well, when, on consulting the books, we find there is no such symptom recorded. It does not follow, by any means, however, that because it is not in the book, it does not belong to the pathogenesis of that article. For this vertigo on stooping forward, cured by Dr. Jeanes with Kali nit., he, Dr. Williamson, would have given *Cicuta virosa*. The question is, would that have cured it? It seems to be the opinion that none but *the* remedy will cure, and if we fail to get that *one*, we fail to effect a curative result. He was fully convinced that we often fail to cure, not alone because we do not get the right remedy, but because we do not get the right dilution, or we do not repeat the dose often enough, or we repeat too often. This sense of satiety on beginning to eat, particularly if in persons suffering from chronic constipation, is very characteristic of *Lycopodium*. *Lycopodium*, from its far-reaching powers, is pre-eminently antipsoric. Dr. W. stated that he was well aware of Dr. Jeanes' great powers of concentration, and believed that most physicians, including himself, would have given *Sepia* in the case narrated. Now, what analogy exists between *Sepia* and *Lycopodium*? There does not appear to be much. But their gastric symptoms, after eating, are much alike. He believed that these two medicines are by far the most important in the *Materia Medica* for chronic constipation. They will cure nine cases out of ten. This may seem a strong way of putting it, but he believed it to be strictly true. He had used *Lycopodium* with good effect in old syphilitic diseases. There is a kind of ringworm, of large size, which makes its appearance over the body in blotches, and particularly over the limbs. Each blotch is annular, and has a pitted appearance, as if made by a

carpenter's gouge; the circle being circumscribed by scabs. These may have a syphilitic origin, and they will be cured by *Lycopodium*. The case of *ascites* mentioned in the paper is evidence of the deeply penetrating and far-reaching powers of this drug. He had found it particularly efficacious in the affections of aged individuals.

DR. JOHN C. MORGAN. In regard to cases of obstinate constipation, they constitute one of the difficulties we have to contend against, as homœopathists. Patients demand that their bowels shall be moved; they are importunate to have something done to effect this. Frequently there is a good deal of urging in the bowels, and even in the bladder, and *Nux Vomica* producing no amelioration, we may feel like yielding to the demand for a laxative. In just such cases, *Ratanhia 2c*, will often be found to be the remedy. He had been led to the use of *Lycopodium*, in syphilitic eruptions, by the following circumstances. He had taken a dose of *Lycopod. 2c*, for a flatulent condition. Subsequently, on walking in a pair of new boots, he was suddenly seized with an excruciating drawing in the tendons of the foot, so that he was unable to proceed. There was no reason why this should have occurred in such a degree, and he accounted for it in this way: that through the dose of *Lycopodium* taken, he had impressed on him what might be termed a *Lycopodium* diathesis, and the irritation produced by the boot acted as an exciting cause. If he had taken cold at that time, he believed he would have had a *Lycopodium* cold. He found, at the same time, a pimple upon the end of his nose; and this, on being examined, gave evidence that it was one of the sebaceous follicles affected. He had under his care, at that time, a young man affected by tertiary syphilis, the eruption upon whose face consisted of exactly the same sort of pimples, which, upon being examined with a glass, showed the sebaceous follicles were the seat of the disorder. He received *Lyc. 2c*, and the eruption was soon removed, and the bone-pains and other symptoms also disappeared. He had a dose of *Arsenicum*, subsequently, for *iritis*, which completed the cure.

DR. HENRY N. MARTIN thought it was true that more than one remedy would cure the same group of symptoms, and, besides, that one remedy will cure a part, and another remedy another part, of the same case; but if we get the true homœopathic remedy, it will cure the whole case. In visiting the office of a neighboring physician, he had observed on that physician's table remedies quite different from those he was in the habit of using. This physician had a large practice and good success. A remedy which is not entirely homœopathic may cure a case, but another remedy which is entirely homœopathic will cure it more quickly. He places great stress on temperament, and tries to get the individuality of the patient as well as of the medicine, so as to be able to say, this is a *Sulphur*, that a *Nux* man; this is a *Pulsatilla*, that a *Sepia*, woman. He might give to one class the remedy which belonged to another class, if the symptoms corresponded, but still, he found that these "individual" indications were very valuable. Dr. Martin announced

that he would prepare, for the next meeting, a short paper on the "*Question of Dose.*"

DR. BUSHROD W. JAMES remarked that he had a case under his care at the present time, that illustrated the constitutional action of a remedy upon different members of one family. The oldest child is subject to marasmus, and during its infancy he had used various remedies that seemed to correspond with the symptoms, without effect, until he gave *Baryta carbonica*, when the child began to improve, and recovered. The boy still has a tendency to this disease, and frequently, as a result of other affections, it recurs; but *Baryta carb.* invariably controls the marasma symptoms. Two or three weeks since, the father came to him and informed him that the youngest child was troubled with the same malady that the lad was subject to, and having received a detailed account of the symptoms, he gave at once *Baryta carb.*, and in a week's time he received a letter from the father, stating that the child was much better; all the symptoms commencing to improve almost immediately after the first dose was given.

In several families he had noticed the action of *Belladonna* as a general remedy in the same way, all the offspring being susceptible to its power; in some families producing a curative effect throughout, and in others aggravating the cases so that it could not be used.

Rhus. tox is another remedy concerning whose action he had observed the same aggravating effect to be specific in certain families.

The beneficial effect of a remedy upon one certain individual, in nearly all the various complaints with which he or she may be attacked, is familiar to nearly every one of our practitioners—such he had observed, for instance, with *Bryonia*, *Calcarea carb.*, &c.

Now, it would be interesting and valuable if we could know how or through what process such remedies act under these circumstances.

We are aware that the poison of the snake known as the *Cobra-di-Capello*, when thrown into the system through a bite, introduces into the blood "molecules of germinal matter," from which is rapidly produced innumerable cells, which have the power to reproduce others endowed with the same property, so that soon we have the blood filled with them; and they, to maintain their vitality, absorb from the blood its oxygen, and they seem not only to deprive the corpuscles of their oxygen, but also to incapacitate them from obtaining a fresh supply, as the blood is found dark and fluid. Through this form of asphyxia, then, the patient dies. The remedy or antidote to this state of the system would have to be the one that destroys these poison cells, or the original germs.

Now, the constitutional poison or diathesis that runs through a family, and produces the tendency to a certain form of disease in that family, and is relieved by a certain specific remedy, may be acted upon in that way. The remedy when taken into the system may be able to destroy a certain amount of this constitutional poisoning power, sufficient at least to subdue it, and keep it from developing its effects in the shape of ob-

servable symptoms, which we call disease, until such time as new food is supplied to the poisoning power by the inroad of some other ailment.

DR. JACOB JEANES. In the paper which has been read before you this evening, you may think that you perceive a great modification in my practice, or mode of giving and repeating medicines, since thirty years ago. But this is more in appearance than in reality. For you must understand, that in the cases cured at that distant time, the improvement was speedily manifested after the administration of the remedy. And at this day, I would follow the same course which I did then, that is, if there is manifest improvement following upon a single dose. I wait whilst the amendment continues to advance. When it ceases to do so, it becomes a matter of consideration whether to repeat the same remedy, or to seek for another which may be better adapted to the case as it now exists.

But, more than thirty-three years ago, soon after I commenced homœopathic practice, I found that there were cases of violent and dangerous diseases in which remedies might be given in succession, with great utility. Thus, I attained to variation of medicines in quick succession. Sometimes, also, I found the repetition of a medicine serviceable. Thus I advanced to repetition of doses. Again, I found cases improving under the repetition of a succession of medicines. I had then reached alternation of remedies.

Taking the croup for an example, I found that Aconite, Hepar and Spongia were already approved remedies for this disease. Fever, inflammatory fever being present, I gave *Aconite*. I do not think that at that time, or even now, this remedy is considered to have such a peculiar action upon the larynx as to entitle it to selection as a remedy for croup. But it was known to be a valuable remedy for inflammatory fever, more especially where this arose from exposure to dry cold winds, like our North-westerns. In cases thus originating, and in which the cause, almost always unknown, which occasions the local determination, is slight, a single dose of Aconite may effect a cure, through its power of overcoming the general disturbance of the system. But if the determining cause operates more strongly, we must resort to a remedy or remedies which have been proven, both in their pathogenetic and curative actions, to have a local operation to modify curatively the laryngeal affection. No one doubts the propriety of administering such a remedy, after the Aconite has had due time to operate. Suppose, then, we were next to give Hepar. This will also be right, if the symptoms of this remedy correspond to those of the disease. If this fails, we might resort to Spongia; and if this also fails, we may try *Allium cepa*, or *Tart. emet.*, or some other remedy, as indicated by the symptoms. This is *variation* in the remedies. But if we have used but one of these medicines, because we have observed some improvement which has proved to be but of brief duration, and then have given it again with the same success as before, and continued to repeat it at every relapse, until the complaint

disappears, this is *repetition*. If we repeat a variation of remedies, as for instance Aconite, Hepar, and Spongia, this is *alternation*, which appears to be as justifiable as the repetition of a single remedy.

It is to be remembered that croup, as well as many other diseases, is the more dangerous the longer it remains unarrested. Like most other diseases, it is attended with much suffering. Minutes are of importance, and the question arises how long shall we wait upon a remedy, before we vary, repeat, or alternate. This is a point for experience to determine, and my own has led me to declare in favor of a rapid variation, repetition, or alternation of remedies in such diseases.

The systems of variation, repetition, and alternation, belong to the treatment of chronic as much as to that of acute diseases; only that in the former, the progress of the diseases being less rapid, much greater intervals between the doses are generally advantageous. The most determined single-dose physician will often be compelled to choose another medicine, will sometimes consider it proper to repeat, and may, if he is watchful of his own procedures, find that he alternates.

The following preamble and resolutions were presented by Dr. W. Williamson, and after some discussion were unanimously adopted:—

“*Whereas*, certain life insurance companies have planted themselves on a homœopathic basis, having acknowledged practically the superiority of Homœopathy in respect to health-promoting and life-saving; and not only this, but proposing to demonstrate by the aid of life insurance mathematics, the full value of Homœopathy in increasing the general average length of life; thus presenting a verdict which the mass of mankind will most gladly accept, therefore,

“*Resolved*, That those institutions which are based so as to give this conclusive test, not only deserve our sympathy, as physicians, but our active co-operation to the extent permitted by our professional duties.

“*Resolved*, That in view of the unity of interest thus established, and since homœopathic life insurance comes as a collateral science and an efficient coadjutor to our profession, it becomes physicians to acquaint themselves sufficiently with its advantages to enable them to give such practical aid as the exigencies require, to the end that the test now being made, may progress as rapidly as possible to a successful termination.”

The Society then adjourned, to meet on the second Thursday in November.

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CEREBRO-SPINAL MENINGITIS.

BY J. H. P. FROST, M. D.

ALTHOUGH this formidable disease is not known to be anywhere prevalent at this time, some account of its most common forms and prominent symptoms may neither be unacceptable for present study, nor without value for future use. And we are the rather led to undertake the work from the fact, that while Epidemic "*Spotted Fever*" may at any time make its appearance, and in any section of the country, very little can be found recorded hitherto, in the periodical or other literature of our school, concerning its pathology or its therapeutics.*

* *Marcy and Hunt* ("Theory and Practice" Vol. I. p. 527), give a brief account of this disorder, with no other aid—besides mentioning a few remedies—as to "treatment" than: "this must be conducted on the same general principles as we are governed by in congestive intermittents." This advice is meagre enough in itself, but the assertion which precedes, that "the pathological features of the disease cannot be distinguished from those of congestive intermittent," is still worse, because more misleading. Here again we find repeated the great error of the allopathic school,—the very one of all others which a work on homœopathic practice should have eschewed; a conjectural therapeia, based upon a suppositious pathological trestle-work. Not only do our authors furnish no in-

The base of the brain becomes the seat of two distinct forms of meningeal disease; these have been designated as *simple meningitis*, and as *tubercular meningitis*. In the former, the pia mater, and sometimes the arachnoid of the convexity of the ventricles, are inflamed—often to a very considerable extent—and infiltrated with *pseudo-membranous* and purulent liquid deposits. The latter,—characterised by tuberculous granulations deposited in the meshes of the pia mater, accompanied by ventricular effusion, by cerebral tubercles, and often by tuberculous deposits in some other organ,—is usually called acute hydrocephalus.

True, tubercular meningitis can only be developed, of course, in persons under the influence of the tuberculous diathesis; that is, in tuberculous (scrofulous) subjects. While simple meningitis, so far from being restricted to those who are not of a scrofulous or psoric constitution, is certainly more apt to be developed in those who are.

“These differences,” says M. Rilliet, “which M. Barthez and myself have already expressed in detail, are so decided, that if we are shown the brain of a child in which the fissure of Sylvius is agglutinated, and *pseudo-membranous*, or concrete purulent infiltration exists at the base, whilst the arachnoid and the pia mater of the convexity are uninfamed, we do not hesitate to affirm, on this simple examination, and without further microscopic investigation, that most probably there are granulations in the meninges, that the ventricles are, or have been distended by serous effusion, and that there certainly exists tubercular deposit either in the lungs or bronchial glands, or elsewhere. We could affirm that the acute symptoms have been preceded by *prodromata*, that the outbreak was insidious, that the meningitis was announced by vomiting, constipation and moderate cephalalgia, without acute fever; that the intelligence was intact, at any rate during the first week, and that the disorder lasted from fourteen to twenty-one days. On the other

indications for the remedies, but their “treatment” rests upon a pathology which is at once hypothetical and unsound.

Raue (“Pathology and Therapeutics” p. 13), gives a concise statement of the principal symptoms, and “therapeutic hints” for a few remedies, of which we have made use in the latter portion of this article.

hand, on being shown the brain of a child, where the convexities of the hemispheres are covered with purulent deposits or *false arachnoidian membranes* to considerable extent, we do not hesitate to affirm, without fear of being contradicted by experience, that no tuberculous deposit is to be found either in the meninges, brain, or elsewhere; that the outbreak was abrupt and violent, introduced by convulsion, if the patient was very young, by vomiting, constipation and violent headache, if the child was older. That the symptoms were followed, after from one to three days, by formidable phrenesis, and that the course of the whole malady was very short, viz.: three, four, or six days.”*

This description—written in France nearly twenty years before the appearance of the epidemic cerebro-spinal meningitis in this country—so closely resembles our “spotted fever,” that it seems to prove this strange and malignant disorder to be but a development of “simple meningitis.” But the distinction so much dwelt upon by our authority, and which admits of *demonstration* only upon the dead subject, would scarcely be deemed of any practical importance, were it not possible to indicate some peculiarity by means of which it may be recognized in the still living patient. This peculiarity we think may be found in the *pseudo-membranous* nature of the deposit already described as occurring at the convexities of the hemispheres or ventricles, and which no doubt extends downward along the course of the spinal meninges. But this *false membrane*, which is obvious enough upon examining fatal cases of “simple meningitis,”—and we believe no less so in those of the modern epidemic “cerebro-spinal meningitis,”†—can itself be recognized during life

* *Traité Clinique et Pratique*; par M. M. Rilliet et Barthez. Paris, 1846.

† “Four cases are related of the disease with the *post mortem* appearances. In all the cases, deposits of lymph, of greater or less extent, were found on the brain and spinal cord. In one case, the anterior two-thirds of the cerebrum superiorly, was covered with an adventitious deposit of lymph, of a greenish yellow color, *forming adhesions* between the arachnoid and the pia mater, and following the latter as it dips down into the convolutions of the brain. In another case, there was a deposit of lymph between the pia mater and arachnoid, on the anterior surface of the cerebrum superiorly, extensively upon and around the optic commissure, over

only by some other and constantly attendant symptom. This constant and pathognomonic symptom may be found, we believe, in the "spots," from which arises the popular name of the disorder. For here, as in many other forms of disease, the consequences, which are seen, take precedence, in naming the disease, of its causes and essential nature, which may be alike unknown. We speak of these "spots" as being constant; but in the milder cases they may not be discernible, and the severest cases may prove fatal before they are developed,—as children sometimes succumb to malignant scarlatina before the eruption is developed.

From the constancy of the appearance of "spots," petechiæ, ecchymosis, &c., in the lowest form of typhoid fever, in jail and ship fevers, in diphtheria, in croupous diphtheria, and in epidemic cerebro-spinal meningitis, or "spotted fever," we learn that these "spots" result from a certain suppression of the capillary circulation and *dyscrasia of the blood itself*, which indicate a profound prostration of the vital forces. And we may with safety conclude that this same *blood disease* and accompanying nervous prostration, which cause these "dark purplish spots," produce also those plastic exudations, which are known as *pseudo-membranous formations*, or *false membranes*. Hence the most remarkable pathological difference between the two forms of disease—diphtheria and spotted fever—which have all along been regarded as mysteriously similar, will actually illustrate and confirm this very similarity. For, in diphtheria, the blood-dyscrasia gives rise to plastic exudations, or false membranes, on free mucous surfaces; while in epidemic cerebro-spinal meningitis the *pseudo-membranous* deposit occurs on the convexity of the ventricles, or hemispheres,—that is,

the entire cerebellum, crura cerebri, pons Varolii, medulla oblongata, and spinal cord throughout its whole extent to the cauda equina. The nerves arising from the cord on both sides were enveloped with this deposit also. At several points along the cord it had degenerated into pus." This "lymph" upon interior surfaces, corresponds to the denser false membranes organized from plastic exudations upon exterior, mucous surfaces.

on enclosed and confined surfaces. And in consequence, we find, in the former disease, final paralysis from nervous prostration, but no previous spasm from compression; while in the latter disorder, convulsions from nervous compression precede paralysis from exhaustion.

Dr. Kempf, an intelligent physician of Southern Indiana, gives an account of the epidemic as it occurred in his section, in the month of December, 1862.* He makes three divisions of the disease, according to its intensity: *cerebro-spinal asphyxia*,—corresponding to the worst forms of cholera, or yellow fever, in which there is no reaction; *cerebro-spinal inflammation*, the fully developed cerebro-spinal meningitis; and *cerebro-spinal irritation*, in which the attack of the disease is comparatively slight. We give his description of each form; his whole account, although it may not exactly resemble the epidemic anywhere else, will enable the physician to recognize the disorder the first time he meets with it.

“*Cerebro-spinal asphyxia* is generally ushered in with an alternation of chilliness and heat, violent pain in the head and back, pain in the extremities, vomiting, and diarrhœa of a bilious character. The patient presents an appearance as though he was deeply intoxicated. When roused, he will give a half-intelligent look and an incoherent answer. His eyes are dull, injected, watery, and the pupils dilated, or one contracted and the other dilated; the pupil may be round, elliptical, or irregular. Tongue cool and swollen; breath cool. Pulse irregular, feeble, and frequent; though sometimes it is almost natural, calm, regular, soft and full, whenever the patient is sinking rapidly and the approach of death is imminent. The surface of the patient is mottled with purplish spots. Cramps of the extremities are common; sometimes there is jactitation of the whole body, but not of the violent character observed in cerebro-spinal inflammation.”

“*Cerebro-spinal meningitis*, the sthenic type of the disease, with evidence of inflammation of the meninges of the brain and spinal cord, generally commences with a peculiar ner-

* *Am. Jour. Med. Sci.*, No. CIII.—New Series, p. 55.

vous agitation, wandering pains of a rheumatic or neuralgic character, followed by a chill and by inflammatory reaction; pain in the head, darting from temple to temple; pain along the spine and in the extremities, much aggravated by movement or pressure; acute sensibility of the surface, the least pressure or the slightest touch causing the patient to moan or scream; high vascular excitement. As the disease advances, the patient becomes more or less delirious, his countenance having a wild expression. He is often affected with cramps of the extremities, tetanic spasm or hysteric convulsions. The eyes are injected, and intolerant of light; the pupils are generally contracted, though sometimes one is dilated and the other contracted, the edge of the pupil being round, oval or notched; the pupil itself is either clear or opaque, with a milky or greenish effusion—this is generally, however, a symptom of the latter stage of the disease; there is defective vision, *muscæ volitantes*, or complete amaurosis. The sense of hearing is sometimes very acute, again very obtuse, or totally lost. The stomach is generally irritable, with more or less vomiting of a bilious character. The bowels are mostly costive. Urine high colored and scanty. In most of these cases, herpetic eruptions appear about the mouth and nose. A prominent symptom, which has been considered by some writers as pathognomonic, is generally present, namely, spots or petechiæ of a scarlet color, generally minute in size and few in number, though in some instances they cover the greater portion of the surface of the body. In the malignant type, the skin presented a maculated appearance, of a dull crimson, or deep purple hue."

"The duration of cerebro-spinal meningitis is from twenty-four hours to two or six days; the majority die between the latter periods, but now and then a case is protracted for several weeks or months. The patient, after becoming convalescent from an acute attack, and, to all appearance, out of danger, may have a slight exacerbation towards evening, slight pain in the head, cloudiness of intellect, and indistinct articulation. He may complain of dimness of vision, anomalous sights, or one eye may be perfect and the other nearly blind. He may have buzzing in the ears, hear unusual sounds, or the organ may be too sensitive or too obtuse. I have visited patients in whom the analogy between intermittent fever and the disease under consideration was so perfect that the most circumspect would be deceived."

"Of *cerebro-spinal irritation*, I will only remark that, on the decline of the epidemic, a great number of individuals, especially adults, complained of headache, *malaise*, neuralgic pains in various parts of the body, and pain in the nape of the neck, or other parts of the spine. The ailment yielded readily to morphia and quinia. Cerebro-spinal irritation very likely was a precursor to the grave forms; but as not much alarm was felt before the epidemic had made some ravages, the physician was not consulted in this minor form of the epidemic."

Dr. Kempf narrates five cases of the severest, or, as he would term it, the *asphyxia* form of the disease; all of which proved fatal within six or seven hours at the furthest. The second case we quote: "H. B., a fine boy, of seven years of age, left home at 8 A. M., to attend school, half a mile distant; he returned at ten o'clock, complaining of violent pain in the head. As the child had been subject to ague, the parents attributed his symptoms to an attack of that disease; but as he soon become insensible, and his surface covered with purplish spots, I was requested to see him at 2 P. M. I found the child comatose; insensible to shaking or pinching of the extremities; to all appearance blind and deaf; eyes injected and turned upwards, pupils dilated; *pulse perfectly natural*. This condition was found to be in every instance a very unfavorable symptom. Death occurred the same evening."

The following description of the same disorder as it appeared in Mobile, Ala., during the winter of 1863-4, and 1864-5, will be found interesting and instructive.*

"In the midst of good health, after taking a hearty meal, or after a full day's work, the patient, without any premonitory symptoms, is suddenly attacked with coma, or stupor, so profound that he is with difficulty aroused even for a moment."

"In other cases, vertigo, pain in the head and cervical region, extending along the spine, with lassitude and apprehension of impending danger are observed. Then again, chilly sensations at intervals of two or three hours, with

* *Atlanta Med. and Surg. Jour.* June 1866.

cold extremities, followed by exacerbation of heat, flushed face and increased pulse, mark the approach of the disorder. Lastly, delirium, more or less wild, with a disposition forcibly to leave the bed or room, is in the outset a prominent symptom. The condition of the pulse was variable; usually ranging from ninety to one hundred, hardly reaching one hundred and ten, unless just before the termination in death; on the other hand, it occasionally sank to forty or fifty beats per minute. Vomiting of bile and constipation are usually, in the beginning, prominent symptoms; the tongue is furred, and as the disorder advances, the teeth become covered with sordes."

"The urine is highly colored, scanty and often retained; at other times, especially towards the close, it is passed involuntarily. Intolerance of light and sounds, when present, appears at the early part of the attack; the least ray of light being sufficient to cause spasmodic closure of the eyes and intense suffering; walking across the floor is excessively annoying to the sufferer; deafness and a general indifference to surrounding objects are generally noticed."

"The most prominent and almost universal symptoms are pain in the head and neck, accompanied by a tetanic rigidity of the cervical muscles, and of the large extensor muscles of the back. This trouble, slight at first, increases until the head is drawn back upon the shoulders, and no ordinary degree of force used by the attendant can overcome it. The muscles of the back and lower extremities are occasionally so much involved as to produce complete opisthotonos. In connection with this condition, paralysis of the muscles of the face is sometimes present, as exhibited in depression of the lower jaw and protrusion of the cheeks and lips in expiration. Involuntary twitchings of the muscles and want of prehension often exist also—the patient being unable to drink without assistance. Strabismus in one or both eyes was met with in several cases. The appearance of the pupils is not always the same, in the majority of cases being dilated; sometimes one is contracted and the other dilated, and I have occasionally seen both contracted. Delirium may be present at any period of cerebro-spinal meningitis, though most common in the latter stages before coma sets in, and is then of a low, muttering character."

"When coma comes on, which is usually about the fourth or fifth day, the pupils become widely dilated, the pulse more full, but is never, so far as my observation extends, of a

bounding character, as in coma from apoplexy. Involuntary discharges from the bowels and bladder are now of most frequent occurrence. Stertorous breathing is rarely present, and until coma is profound, the patient is continually tossing himself from side to side in bed, and carrying his hands to his head as though in great pain."

"Another very common symptom is hyperæsthesia of the whole nervous system; pressure upon the extremities, slight moving of feet or bending the toes, causes the patient to cry out from pain. This exaltation of sensibility does not often appear at first, but towards the latter part of the attack. While vertigo, pain in the head, chilly sensations, intolerance of light and sound, deafness, stupor, exalted sensibility of the nervous system, delirium and coma were the usual symptoms by which this epidemic was characterised; yet there were few cases of an intermittent type, accompanied by high fever, with pain in the head. Under the use of quinia, these symptoms would yield for a few days, and convalescence seemed to be established. A recurrence of these symptoms would take place two or three times, when those more violent, as extreme pain in the head and neck, rigidity of the muscles, &c., would supervene and declare unmistakably the formidable nature of the disease."

"The duration of this affection is variable; it may destroy life in twenty-four or forty-eight hours, but from five to eight days is the usual time. During the winter of 1863-4, it proved fatal sooner than in the following—a few of the last cases seen having lived from ten to fifteen days."

(To be concluded.)

IN RIGIDITY OF THE OS UTERI during parturition, where it presents a firm, unyielding edge, tender and dry, as though inflamed, or opposes a thick, substantial pad to all progress, while the patient, exhausted by the natural efforts, cries out in despair of the speedy termination of her sufferings, *Beladonna* 30, every five minutes, will not unfrequently act like magic, and when two or three doses have been taken, the whole scene has been changed, expansion all at once takes place, and the terminal crisis has arrived.—*Monthly Hom. Review*, London, Nov., 1868.

REPORT ON SURGERY.

BY JAMES B. BELL, M. D.

(Read before the Maine Homœopathic Medical Society, May 20th, 1868.)

STANDARD works on Medicine and Surgery treat mostly of frequently observed and well known facts. From their very character it is impossible for them to treat of the varieties and modifications met with in actual practice. This is rather the province of societies like this. It is for us to bring out and preserve the facts of individual observation. This is the peculiar work of medical societies, and we thus form the outposts in the field of science. What we record here may be found several years hence in the standard works.

With this principle in view your Committee has endeavored to select from the individual experience of its members such facts and observations as would be new, and would contribute something to the common stock.

The cases which we will present were selected for their rarity, singularity, or on account of some modification of some of the usual procedures. They are of both major and minor character.

1. *Abnormal insertion of the Frenulum præputii.*

Three years ago a young man, of about twenty-two, applied to me for relief from a congenital phymosis. He had never been able to retract the prepuce and had felt much anxiety about it, although he had never before consulted a physician.

On retracting the prepuce I found it retained in its place by a very short frenulum inserted directly into the lower edge of the meatus. Two slight cuts, with a pair of sharp-curved scissors set the prepuce free to the extent of half an inch, and relieved the long tongue-tied member.

Within the last year a young man, of nineteen years, has applied in exactly the same condition.

I have found this condition mentioned in no work except Hyrtl's *Topographische Anatomie*.

2. *Flexure of the Clavicle.*

About two years ago a little girl, of three years, was brought to me. She had had a fall upon the right shoulder within a day or two, and her mother had now discovered an enlargement upon the clavicle. The position and use of the arm was perfectly natural, there was no deformity and no crepitation; but very near the middle there was a distinct and circumscribed enlargement equal to the natural diameter of the bone, and about three-fourths of an inch in length, corresponding exactly to the formation of a provisional callus about the ends of fractured bone. Here was, however, no fracture, and had been none.

A few months later an exactly similar case occurred to me in the person of a girl, of twelve years, with the exception that it was upon the other side. I saw her within three hours of the accident.

I can come to no other conclusion than that there had been sudden and violent flexion of the clavicle at the injured point; but that the predominance of the gelatinous constituent in the bone had permitted flexure without fracture. The enlargement was an exudation resulting from the injury to the periosteum and surrounding soft parts.

Since the above was written (some two weeks ago), I have had a similar case in the person of my own little girl, nineteen months old. The radius was flexed in this case, and the ulna slightly; the former nearly three-fourths of an inch, the latter about one-fourth. It was done by a fall upon the hand, and seemed to cause very little pain, and did not wholly suspend the use of the arm and hand. It required quite considerable force to reduce it under the influence of ether. She wore a carved radial splint for a week, which was replaced by a plaster bandage, which she still wears as a protection.

3. *Fistula in Ano.*

The chief question in cases of *Fistula in Ano* is one concerning prognosis. Will an operation for relief of the fistula endanger the lungs?

I am able to contribute but two cases toward the solution of this question.

One, a married woman of forty-five, of unmistakable phthisical diathesis, was operated on five years ago. The fistula was not extensive, consisting of a single sinus. Has had homœopathic treatment for many years for phthisical and other symptoms, but without direct reference to the fistula. After the operation there seemed to be a great improvement of the general condition. For two years she required very little treatment, enjoying a very unusual degree of health. Her mother, brothers, sisters, daughters, and sister's son and daughter have all died of tubercular consumption. She has outlived them all and is now, but slowly, going in the same way. The other, a married lady, of thirty-five, had no known tendency to lung disease, but suffered much from oppression of the chest and debility. The fistula was quite extensive, but consisted, like the other, of but a single sinus. She had never had homœopathic treatment, but was treated for six months after the operation. She has enjoyed a higher degree of health during the three years which have passed since the operation, than for many years before. This I attribute chiefly to the effect of several doses of *Lactuca virosa* 2^c, which I gave her on account of *a frequent tormenting and unsatisfied desire to take a deep breath.*

4. *Sacculated Tumors of the Labia Majora.*

These will be found described in surgical works, but they occur in great variety, and two cases may not prove uninteresting.

Mrs. D., age 23, has a child a year old. Soon after confine-

ment perceived an enlargement in the left labium, which has progressively increased, until it is now the size of a hen's egg, causing some anxiety and interfering with her marital duties. I found upon examination a fluctuating tumor of the size and position described. On account of the urgent desire of the patient to go to her home, some fifty miles distant, within a few days, I decided upon merely emptying the sac at this time without dissecting it out, first informing her of a probability of a return. The fluid contained resembled pure albumen. This was eight or nine months ago, and at the last advices I had, a month or two ago, the sac had not refilled.

Mrs. B., a widow, age 45, a patient of my friend, Dr. Cochran, of Winthrop. A tumor of about the size of an average sized orange occupies the whole right labium. It is now twenty years since its first appearance, but within a few months it has increased quite rapidly, rendering sitting unpleasant and urination somewhat difficult. It was decided to endeavor to remove the sac whole. To this intent, after the administration of chloroform by Dr. Cochran, an incision was made over the tumor the whole length of the labium. The union of the sac with the surrounding tissues, was exceedingly intimate and the dissection very tedious. The sac was firmly imbedded in its position, extending several inches up alongside the vagina, and closely attached to the body and ramus of the pubis by tendinous bands. It approached so near the vagina at one point, and the union was so close, that some of the vaginal mucous membrane was obliged to be included in the dissection. When about two-thirds inucleated, during an effort to continue the dissection with the handle of the scalpel, the strong adhesions inspired too much force, and the sac was ruptured. The contents consisted of a perfectly homogeneous fluid of the color and appearance of meconium.

The sac was then carefully dissected from its adhesions. The lining had all the appearance of mucous membrane. The oozing hemorrhage, from vessels too small to ligate or even

to twist, after the operation, was very troublesome, yielding neither to snow water or hot water, though the latter had most effect upon it. We therefore packed the wound firmly with cotton rags, placed a compress over them, and firmly bound it in place. Dr. Cochran removed the compress in forty-eight hours, and there was no further trouble. The patient received China 2^c, on account of considerable loss of blood.

Under Dr. Cochran's care the wound healed finely with very little suppuration. The thin wall of the vagina threatened at one time to become gangrenous, but it soon revived. No appreciable deformity remains.

5. *Vascular Tumor of Female Meatus Urethræ.*

A lady, of fifty-five, had suffered several years with symptoms of uterine difficulty. Weight in the pelvis, frequent urination; desire to sit with the feet up, &c. Learning that there was great sensitiveness at the entrance of the vagina, I desired an examination, which disclosed a little tumor of the size of a small pea, at the lower edge of the mouth of the urethra. The tumor was highly vascular and exquisitely sensitive. It was seized with the polypus forceps and twisted from its base, which was then touched with nitrate of silver. All the symptoms were removed by this operation, and the lady remained well five years; when the trouble began to return, and last August I was desired to visit her again, which I did at her home, some thirteen miles from the city, and removed another small tumor of the same character, and from the same spot. I had previously given Sepia 2^c, without any relief of the symptoms. Without using the caustic this time I gave Sulph. to prevent a recurrence.

6. *Sarcoma of the Lower Jaw.*

This case was the patient of an eclectic physician, who invited me to operate for him. The patient was a man

sixty years of age, in good health. A tumor of fleshy character occupied the sockets of the molar teeth of the lower right side. The teeth had been crowded from their place and fallen out. The tumor had been several months in coming, and now rose to a level with the teeth, and fell over a little each side of the jaw. It presented a dark red appearance, and a smooth surface with deep fissures. A small bit being torn away with the forceps was carefully examined under the microscope, proving the tumor to be true cellular sarcoma; a pseudo-plasma, which, in the language of Foerster, "stands with one foot among the non-malignant, and the other among the malignant growths." This being the case it was determined to remove it to its very base. The only way to do this was to make a flap in the cheek, in order to give room to use the saw. A cut was accordingly made from a point over the root of the first superior bicuspid to the same point on the lower jaw, then at right angles with this along the margin of the jaw to the *angle*, and at right angles again an inch and a half up the *ramus*. The flap so made was held up by an assistant. The second bicuspid tooth, already pressed upon by the tumor, was extracted, and the jaw cut through at this point to within one-eighth of an inch of the lower margin, by the careful use of a metacarpal saw. Hoping to retain a thin slip, if no more, of the jaw, in order to preserve the form of the face, a cut was now made along the jaw toward the *ramus*, parallel with the lower margin, and one-eighth of an inch from it. This was tediously accomplished by means of Hey's saw. (A small plate saw fastened in a handle, one edge being curved, the other plane.) It was now found necessary to extend the excision well into the *ramus* of the jaw, in order to include all of the diseased tissue.

Another cut was accordingly made at an angle corresponding with that of the jaw, and ascending a little over half an inch parallel with the *ramus*. This was met by another running at right angles with it, and coming from the inner angle of the jaw. The piece included in the incisions

being now removed, some traces of the false structure were found in the angle of the jaw, and were carefully chiselled out. The hemorrhage was slight. The wound healed kindly by first intention, leaving very little trace of the operation. The operation was performed in September, 1863. I learned indirectly, about a year afterward, that the patient remained well, and had good use of the jaw, since which time I have heard nothing of him. The remaining strip of jaw probably formed a nucleus for the deposit of provisional callus and new bony structure, thereby strengthening the jaw to a useful degree.

(To be concluded.)

KEY-NOTES; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M. D.

(Continued from page 158.)

Aesculus hip.

Pain across the sacro-iliac symphysis, more or less constant, with a feeling as if the back would give way at that point; this causes a sense of great fatigue when walking, so that exercise of that nature is almost impossible. This symptom is common to both sexes, but in uterine displacements it may be regarded as a key-note. *Aesculus* has proved useful in dyspepsia, leucorrhœa, and various renal complaints, etc.

Agaricus mus.

Itching, burning and redness of parts, as if they had been frozen. Intestinal derangement as follows: first, hard stools, then loose, and finally diarrhœa.

Agnus castus.

In nursing females, when the milk is *very deficient*, par-

ticularly if the patient is in a sad, melancholy mood, and frequently repeats that "she will soon die."

Aloë socc.

The evacuations consist of either large or small quantities of mucus, coming away in mass, either accompanied by pain, or painless. Sometimes the accompanying pain is perfectly unbearable.

Allium cepa.

Catarrh, with epiphora, and *smarting* of the eyes, with *violent* sneezing; he must "take a long breath," and then sneezes correspondingly.

Alumina.

He has to make a great effort in order to evacuate the bowels, even though the stool should be soft. It is almost specific where infants have to *strain* in order to have a stool.

The urine is not voided, except while straining at stool. *The urine is always voided while straining at stool.* (The reverse is observed under Muriat. ac.—stool is discharged while urinating.) In typhoid fever, or in dysentery, where there is frightful hemorrhage from the bowels, accompanied with urination, this, perhaps, being the only clue to the remedy, Alumina 2^c, is followed by the best results.

Copious, transparent leucorrhœa, occurring *only in the day-time*. *Aggravation*, or renewal of the symptoms, *after eating potatoes*.

Antimonium crudum.

Copious hemorrhage from the bowels, accompanying solid excrementitious matter.

Apis mel.

Ailments accompanied with pains as from bee stings.

Frequent, painless, bloody stools.

Sensation as if each respiration would be the last one; as if the breath would not be drawn again.

In *cardiac disease*, with febrile excitement, great distress, anguish, restlessness: no relief afforded by change of position; thirsty or thirstless. A blowing sound with the diastole disappears.

Apis has cured *ovarian dropsy*, of the left side, characterised by stinging pains, and accompanied with general anasarca and waxy appearance of skin.

Alternate moisture and dryness of skin.

Urticaria, looking like bee stings or insect bites, with intolerable itching at night.

Dropsy, with very scanty urine, sleeplessness and absence of thirst.

Erysipelas of face or scalp, with typhoid tendency; with sphacelated spots here and there.

Phlegmasia alba dolens, with high fever; restlessness, with no relief from change of posture, and a whitish, clear appearance of the affected limb.

Peritonitis, with sharp and sudden paroxysms of pain, great prostration, and prospect of sudden death; or, the prostration may not exist in same degree.

Great irritability of the urethra or neck of the bladder, with frequent micturition attended with burning.

Children scream out at night, while asleep, giving utterance to sudden, sharp and shrill cries. Apis 2^c, sometimes to be given in water, and every two hours, may ward off an attack of hydrocephalus, which would otherwise be developed. Whenever children utter these cries during sleep, it is well to remember Apis. Apis is indicated in and curative of chronic constipation, when concomitant symptoms agree.

Dysmenorrhœa, with sharp, plunging or stabbing pains, in the uterus, (or in the head,) sometimes followed by convulsions. These symptoms occur at every menstrual period, the patient being reasonably well in the interim. In one case I was apparently obliged to resort to Apis 40^m, ere the menstrual nixus could be accomplished free from pain.

Stye, whitlow, threatened or incipient *abscess*, where the burning-stinging or stinging-burning pains are marked.

CLINICAL CASE.

Convulsions Cured by Arnica.

BY TEMPLE S. HOYNE, A.M., M. D.

ON the afternoon of the 21st of August last, I was called to see Miss O., aged 14, a country girl, of rather a full habit, who was having a convulsion every five minutes. She was first taken on the evening of the 19th, after having hastily drank a glass of water. Five or six allopathic physicians were summoned, who, after an examination of the patient, pronounced her left lung extensively diseased, and advised chloroform, under which she was kept a great many hours, without any apparent relief. When I arrived, the paroxysm was as follows:—Incessant twitching of the muscles of the upper extremities, and then suddenly a violent pain in the left chest, region of the heart, with arrest of respiration. During the arrest of respiration, there was a constant shaking of the hands, and a quivering of the whole body; the head was thrown back (opisthotonos), and the mouth open. As she came out of the paroxysm, a violent cough, without expectoration, ensued, lasting a few moments, and then another paroxysm immediately followed, not succeeded by coughing. The paroxysm was always double, the first part closing with a croupy inspiration and the coughing-spell, and the second with a sigh only. The patient was not delirious at all, but complained, after the paroxysm, of an intense pain in the forehead. The face was red, except around the mouth; the tongue coated white; the breath offensive; the throat red and sore from the coughing. Belladonna seeming to be indicated, the 3d was left, to be given every fifteen minutes, if the paroxysms continued as frequent.

At 8 P. M., I called again, but found her just the same. Still believing Bell. to be indicated, especially as the least noise, jar, or excitement aggravated the symptoms, I left the 2^c, to be given the same as the 3d.

Up to this time I was unable to discover any sufficient cause for the convulsions; but just as I was about leaving the house—in fact I had reached the sidewalk—a friend of the patient told me that she had been lacing rather tightly for the last week, so tightly, indeed, that, he said, “she looked as if six months gone in the family way.” I immediately

returned, and left Arnica 3d (not having the 2^c with me), in water, with directions to give every fifteen minutes, for one hour, and then, if no better, to give the Bell. 2 . I supposed the cause of the convulsions to be a mechanical injury of the diaphragm; that was my indication for the Arnica.

August 22. Owing to a misunderstanding, the Bell. 2^c was given for an hour, with but slight relief, when they changed and gave the Arnica. After taking the first dose, she sank into a quiet sleep—the first sleep she had had since the attack—which continued two hours. The family supposed the medicine an opiate, and were afraid to continue it, so that I found her not much improved; the convulsions recurring every eight or nine minutes, I continued the Arnica every hour. In the afternoon, I saw Dr. Ludlam, and he advised Ignatia if the Arnica did not control the paroxysms. About four o'clock I called again, and found my patient not much better; and, on inquiry, found she had not passed water for twenty-four hours, owing, probably, to the presence of a young gentleman in the room. The old woman's method of pouring water into a basin, in the hearing of the patient, was resorted to, and she passed a large chamber *full* of clear urine. I continued the Arn. 3, and left Ignatia to be used if she did not improve under the first.

August 23. Dr. Ludlam called with me. Owing to a mistake, they gave one dose of Ignatia, although not necessary, and then continued the Arnica. She has had only two paroxysms in the last fourteen hours. Was feeling quite well, but there was still some twitching of the muscles of the arms. We were informed that one of the paroxysms was occasioned by an allopathic physician coming in and talking in a loud voice, asserting that the patient could not recover. The Arnica 3d was continued once in three hours.

August 24. Found my patient sitting up, apparently well. Has had but two paroxysms during the twenty-four hours, the one occasioned by the re-appearance of the allopathic physician, and the other by a loud noise in the street awakening her from a sound sleep. No pains or aches. The twitching has entirely ceased, except when she becomes excited. She wished to return home that evening, and I gave my consent, they promising to let me know if she had any return of the convulsions. I gave Arnica, to be taken

three times a day until entirely well. Some two or three weeks afterwards I heard that she had no return of the trouble.

For fear those who make pathology the basis of treatment may cite this as a case illustrative of the correctness of their views, I have added the symptoms of *Arnica* which bear on the case.

1. Convulsions consequent upon *mechanical injuries*.
2. Complaints of *plethoric* persons with *red face*.
3. Jactitation of single muscles in every part of the body, especially in the limbs.
4. Twitchings in all the limbs.
5. *Trembling of the whole body*.
6. Twitching in the *muscles of the upper arm*.
7. Pains are increased by *talking, moving about, blowing, and even by every sound*.
8. Aching in the *forehead*.
9. *Lancinations in the forepart of the head*, when coughing.
10. Stitches in the forehead.
11. Darting pain in the forepart of the head.
12. Hot, *red face*.
13. Tongue *coated white*.
14. *Fetid breath*.
15. Burning in the back part of the throat, with a feeling of internal heat.
16. Stinging in the back part of the throat, between the acts of swallowing.
17. Stitches under the false ribs, arresting the breath.
18. Retention of urine. Watery urine.
19. *Dry, short, hacking cough*.
20. Stitching pain in one side of the chest, with a short cough.
21. Stitches in the heart.

A CASE of what is termed "genuine hermaphroditism" is reported in several of our journals by Henry N. Avery, of Poughkeepsie, N. Y. It is extremely doubtful whether a case of real hermaphrodite has ever been discovered. There appears to be nothing more, in every case, than an approximation, through malformation, of the several organs peculiar to one sex, to those peculiar to the other sex.

REPRODUCTION—PHYSICALLY, PHYSIOLOGICALLY, AND SPIRITUALLY CONSIDERED.

BY HENRY N. GUERNSEY, M. D.

[Read before the Philadelphia Medical Society, November 12th, 1868.]

THE account of Reproduction given in my work on Obstetrics, was necessarily so concise as to render it liable to misapprehension. The results of thought and study were stated with but little reference to the methods by which they were reached. Having been led to pay, recently, still more attention to this important subject, I have decided—for the sake of supplying an apparent deficiency in my book, and of furnishing assistance to those who would gladly receive such higher views of truth could they but see their way to them—to present a careful review of the whole subject; setting forth, in their true light, the lowest facts and the highest principles pertaining to it. This labor I have the more willingly undertaken, since many important scientific truths, many fundamental principles in physiology and in psychology, hereafter to be explained, depend upon a proper understanding of the great central truth of conception.

From production in the inorganic world, Nature takes an upward stride to reproduction in the organic. And as in general, reproduction appears in a consecutive and constantly ascending series, from the lowest forms of organized but inanimate existence, up to the highest forms of animate and conscious life; so in particular, it may be traced as an ever-advancing development, from the lowest, most external and material or physical form of the individual, up to the highest, most interior and spiritual form of his being.

Reproduction, then, is not to be considered as an isolated fact; but rather as a series of phenomena corresponding, in their progressive order, to the several and successive grades or planes of the material, mental and spiritual spheres of human life; in each of which it is alike governed by the

same universal law of similarity. Like causes produce like effects in the physical world; like influences lead to corresponding consequences in the moral world, and like forces occasion similar results in the spiritual world; and, to come to our immediate theme, as if from union of all these, children resemble one or both their parents in all the important elements of their bodily constitution, and in all the faculties and powers of their intellectual and spiritual natures.

To trace the dynamic *physiology of reproduction* in such a manner as to illustrate this progressive development, and to show *how* and *why* this threefold similarity arises, will be the object of the following paper; in which the subject will be considered, first physically; then physiologically; and finally, spiritually.

I.—Reproduction Physically Considered.

In the physical conformation of the sexes, appears a remarkable similarity; not, indeed, of identicals, but of equivalent apposites. The man corresponds to the woman in general and in every particular. And here it seems impossible to consider the body apart from the soul which occupies it and employs it, in its totality, as an instrument. Hence certain ideas are here anticipated, the more complete exposition of which will be made as we proceed. The male, with his more powerful physical form, is adapted for protecting, providing for and giving to the female; while the latter, by reason of her more slender physical frame and delicate organization, is suited to receive protection and support,—to be loved and cherished.

In no respect do these similar and corresponding characteristics appear more evident, than in the generative organs. Those of the male, as is well known, exactly correspond with those of the female; both being, by their comparatively slight difference in form and structure, reciprocally adapted to each other, and fitted to promote the great

end of reproduction; which can be secured only by their conjunction.

Thus the scrotum of the male finds its counterpart in the labiæ of the female, as the penis does in the vagina; in either case, the one receiving and enclosing the other; while the testes no less obviously correspond with the ovaries in number, in external form, and in function. The uterus and the Fallopian tubes, being instruments of processes secondary to conception, and performing functions peculiar to the female, have no counterpart in the male. It may also be here remarked, that the generative organs of the male—*en rapport* with the man himself—are adapted to *give*; as those of the female are to *receive*.

A more particular account of the respective functions of these organs will be presented in the second, or physiological division of our subject; we shall, therefore, conclude the present, physical, or external-material view of reproduction, with a single observation: These generative organs, whose external form and physical properties we have thus briefly considered, become the basis of all the subsequent physiological and spiritual superstructure of reproduction; for they are not only the points of connection of the procreative and conceptive soul with the body, but they are the instruments also, the representatives and very ultimates of the soul itself. In the coarser lineaments of these external organs, we find abundant evidence of design; proofs of the great doctrine of *final causes*, of which our views will be still clearer and higher, when we come to see how these material forms, these *organs* of generation, are quickened, inspired, almost created by the reproductive soul which possesses them.

II.—Reproduction Physiologically Considered.

Here, far more than in the physical consideration of our subject, it seems impossible to separate function from structure. As before we could not describe parts and organs without some intelligent reference to their uses; so now it be-

comes apparent that no exposition of physiological functions can be given, which is not based upon a description of the particular structures by means of which they are carried on; and the more minutely we explore the physiology of reproduction, and the more nearly we thus trace it to the *origin of its life*, so much the farther do we remove our minds from the unworthy contemplation of it as a mere material-development process; and so much the more clearly do we come to see that it is not only a renewal, but in a higher sense, a continuance of life from above; and so much the better do we become prepared to realize its still more exalted spiritual nature and significance.

This study must be pursued, *pari passu*, in the generative organs of the male and of the female. The general, *physical* similarity and correspondence, in number, form, and function of those of the one sex to those of the other, have already been briefly indicated. Their more particular, *physiological* similarity and correpondence will become evident from a survey of the vital parts and structures which, in both instances, make up these organs; parts and structures which are themselves more immediately connected with the existing vital forces, and whose special functions combine to promote the function of reproduction.

When individually examined, these organs, on either side, are found to be furnished with similar and corresponding arteries, veins, lymphatics and nerves. All these—as already in part explained—are structurally adapted to the accomplishment of such a conjunction of the entire being, on each side, as may result in reproduction. By their local orgasm and erethism, they correspond to the excitement of the will and affections,—which latter so inspire them that they become the *media* by and through which is effected that simultaneous and complete conjunction of body with body and spirit with spirit, which forms the *crisis* of the vital function of reproduction, and determines a corresponding new creation.

The closer the analogy between the respective male and

female organs, the closer will be the correspondence of their minuter parts in structure and in function. Thus the *testes* and the *ovaries* are alike supplied with branches from the aorta; the spermatic arteries, thence arising, being distributed to the testes in the male, and, under the name of ovarian, to the ovaries in the female. A spermatic, becoming tortuous, divides into several branches, which accompany the vas deferens and supply the epididymis and the substance of the testicle; in a similar manner an ovarian artery supplies an ovary. The spermatic cord, in the one sex, and the Fallopian tubes, in the other, are also supplied by these spermatic or ovarian derivatives from the aorta; while the veins, secondary in all cases, follow the course of the arteries to which they correspond. If we compare the accessory structures of the generative organs, we shall continue to find a correspondence which is not accidental. For as the internal pudic of the male, and its branches, are distributed to the prostate gland and to the bulb and corpus cavernosum of the penis; so that of the female supplies the labiæ pudendi and the erectile tissue of the vagina and clitoris. The nerves of the ovary and testes, belonging to the great sympathetic, and derived from a conjunction of branches from the solar and aortic plexuses, are similar to the arteries in name and distribution; the *spermatic plexus* accompanies the spermatic vessels to the testes; while the *ovarian plexus* is distributed to the ovaries.

It scarcely seems necessary to trace with greater minuteness this remarkable anatomical correspondence. Sufficient data have already been given to warrant the induction, that as these organs were originally designed to fulfill a most important purpose; so are they supplied for the same purpose, with the very highest and purest of vital forces and fluids, those transmitted through the nerves and arteries just described. The ovum, which corresponds to the material body of the embryo, becomes *gradually* developed; the factitious ova which exist before puberty, giving place to those more susceptible to fecundation. These ova, while

in the *primary womb* of the female, slowly acquire all that the mother can bestow; until, by means of the vitalizing influences transmitted through the fecundating *aura* of the father, they successively receive the *breath of lives*, and become a new creation—a living body and soul.

The corresponding physiological action in the male is so much more rapid and strongly pronounced, that its description is less difficult.—Here, as indeed in the female, the best and purest blood in the body is put into requisition; the arteries in either case, which supply the generative organs, as branches of the aorta are derived almost immediately from the heart, and the purest of the blood, consequently, is conveyed to the testes, which, inspired by high instinctive choice, eliminate from it, and secrete that purest life-giving fluid which becomes the immediate agent and instrument of the soul in reproduction.—With respect to the nerves also, the case is similar. Through the spermatic plexus—and the ovarian—the entire involuntary sympathetic system is involved in the reproductive nîsus; and with it the voluntary, cerebro-spinal system, with which it is most intimately and vitally associated.

The external union, therefore, partly instinctive and partly voluntary, is thus seen to be accompanied by a corresponding physiological, and truly vital conjunction; in which the life-giving elements commingle, and whose crisis, accompanied by the profuse expenditure of the most precious *seed of life*, on the part of the male, and its reception and vital absorption, as such, by the female, is followed by the formation of a new creature. Or, as expressed in the concise language of our Obstetrics:—*impregnation*, the application of the semen of the male to the ovum of the female, gives rise to *fecundation*, or the reception of the former by the latter, and this to *conception*.

On page 296, of my work on Obstetrics, occurs the following statement: “During the act of copulation, the male secretes the semen in the testicle, and deposits it in the vagina of the female,—whence the fecundating principle arises,

and entering certain ducts specially arranged for that purpose, passes up through the walls of the uterus, out through the ovarian ligament to the ovary. Here it enters and impregnates an ovule on that side."

This brief account of conception comprises two items, which have long been subjects of dispute:

FIRST—*Where is the fecundation of the ovule effected?*

SECOND—*What is the course of the semen in its passage to the ovary?*

Since the views presented in the above quotation have been particularly objected to, I propose to now devote to each of these questions, a degree of attention proportionate to its relative importance. In so doing I shall first set forth the opinions of some authorities, and, subsequently, give the reasons which have determined my own.

Many years ago "Jean Bohn published a work on Physiology, in which he defended De Graaf. He was decidedly of opinion that the *aura seminalis transmitted through the porous structure of the uterus reached the ovary*, and fertilized the ovum, which then descended through the Fallopian tube." * * * *

"Another position assumed by De Graaf, which had been maintained previously by Warton, and afterwards supported by Haller, and almost all preceding physiologists, was that *impregnation was accomplished always in the ovaries*."*

Under the head of "Impregnation of the Ovum while still in the Ovary," J. Müller says: "This is the place of impregnation, at all events, in man and mammiferous animals. In all cases of extra-uterine pregnancy, in which the ovum is developed in the ovary itself, or escaping into the abdominal cavity is developed there, it cannot be doubted that the ovum was in these instances impregnated in the ovary."†

* Ritchie's Ovarian Physiology and Pathology, pp. 4; 97: London, 1865.

† Müller's Elements of Physiology, London, 1842, Vol. II., p. 1491.

"A constriction (of a Fallopian tube) may prevent the arrival of the fecundated ovule into the uterus, and may thus give rise to a pregnancy of the tube."*

"Haller found it possible to produce artificially an extra-uterine gestation, by tying the corona of the womb of a mammalian animal three days after conception. The result of this operation was that two foetuses were discovered in the tube between the uterus and the ovary."†

Cazeaux, referring to the experiments of Nuck and Hoighton, and the later observations of Bischoff, says: "Such results evidently prove that fecundation sometimes takes place in the ovary."‡

Ritchie—already quoted—mentions cases of ovarian pregnancy. Mr. Stanley has published an account of a case of ovarian pregnancy [British Med. Trans., Vol. VI., Art 16]; and Dr. Granville a more extraordinary example, the foetus being perfect, and four months old [Phil. Trans., 1820]. The celebrated Tyler Smith says: "Of the occasional occurrence of ovarian pregnancy, there can be no doubt." * * "In the admitted cases, the entire foetus has been found within the (ovarian) sac, or escaped from a perforation of the ovarian cyst."§

The instances adduced from these authorities amply prove the fact of the occasional occurrence of true ovarian conception. Now, while no cases can be brought forward to show that conception ever occurs in any other place than in the ovary, I offer the following reasons, among others, for believing that *it never does occur anywhere else*.

I. Extra-uterine pregnancies, whether ovarian, tubal, or interstitial, all show that the ovule must have been impregnated within the ovary; but *failed to be transmitted* by the Fallopian tube to the uterus.

* Scanzoni, Diseases of Females, New York, 1868, p. 370.

† Ritchie, Op. cit., p. 165.

‡ Midwifery, Philadelphia, 1857, p. 97.

§ Lectures on Obstetrics, Am. ed., p. 343.

II. No embryologist has ever yet found either the germinal spot, or the germinal vesicle, in an impregnated ovule, even at its first entrance into the Fallopian tube. Both must have been obliterated, as the effects of impregnation, before leaving the ovary; while its gradual and progressive course down through the tube is always marked by a corresponding development looking toward the production of a new human being.

III. The length of time occurring after conception, before the ovule can be found in the uterus, becomes a still more convincing proof. "In the present record of our science," says Cazeaux, "there is no one conclusive fact that proves the ovule to have ever been seen in the womb of a woman, prior to the tenth or twelfth day after her conception."

IV. The preparation made in the uterus itself, in the shape of the decidua, for the reception of the impregnated ovule, becomes additional proof when considered from the true physiological point of view. In accordance with the most beautiful economy of nature, this preparation commences immediately, and only upon the completion of the impregnation in conception, and occupies the entire time consumed by the product of conception in passing from the ovary to the uterus. Thus the impregnated ovule is preparing for the decidua, and, at the same time, the decidua for the impregnated ovule, each vital process being influenced by the other.

V. It is well known at the present day, [see Cazeaux, third American edition, foot-note, p. 98,] that the ovule which causes the menstrual flux is never impregnated. After the cessation of the menses, at any time prior to the succeeding *menstruation*, impregnation of an ovule now lying within the stroma of the ovary may be effected. This is proven from the preparation made within the uterine cavity, as stated in IV. This preparation could not be effected otherwise than by the evolution of the impregnated ovule. The attendant physiological process proves the event, and the whole is confirmed when we consider the length of time occupied by

the ovule in passing from the ovary to the uterus after *effective coitus*.

These considerations will, perhaps, suffice to convince the unbiassed mind that *the ovary is the seat of conception*.

An answer is now demanded to the second question, viz: What is the course of the semen in its passage to the ovary?

I am aware that according to the opinion commonly entertained and supported by the greater weight of authority, this course is through the Fallopian tubes. But while the positive determination of this question is at once impossible, yet, as I have felt entirely dissatisfied with the solutions of the vexed question already offered in obstetrical authorities, I have been led to believe, as above stated, that the semen passes through the walls of the uterus and out through the ovarian ligament to the ovary. And if the following reasons for *this* belief appear less convincing to others than to myself, it should be remembered that the whole question is still a matter of opinion rather than of actual demonstration.

I. In numerous cases of extra-uterine pregnancy, the cause of the non-transmission of the impregnated ovule into the uterus, has been found to be an imperforate condition of the Fallopian tubes. In these cases there could be discovered no sign of an opening ever having existed, through which the semen might have passed to the ovary. The only natural channel which otherwise appears is that through the ovarian ligament.

II. Normal uterine pregnancies have been found where the *os uteri* was entirely wanting,* and where not the slightest

* The records of obstetric science furnish several cases of complete absence or occlusion of the *os* (congenital). The following paragraph, from a source readily accessible to all [Churchill, *Theory and Practice of Midwifery*, Philadelphia, 1851, p. 255,] places beyond cavil the existence of such instances.

"Lastly, a few cases are on record of total absence of the *os uteri*, as in a case which came under the care of my friend, Dr. Ashwell, and

trace of its ever having existed could be detected. In these instances, as well as in those of an imperforate condition of the tubes, the semen, certainly, could not pass up to impregnate the ovum, through the Fallopian tubes.

III. This modified doctrine of absorption is descriptive of the most simple process that nature could adopt for conveying the semen to the ovary; and while it is true that the assertion that semen is conveyed "through the walls of the uterus and out through the ovarian ligament to the ovary" is not predicated upon any anatomical discoveries of ducts or passages, that I have made, in the human uterus, such ducts or passages have been found in the elephant, and, by Dr. Gartner, of Copenhagen, in the cow and sow.*

IV. The correspondence of the general affection of the whole female organism to that of the male requires that, even as the semen is given from the *inmost* of the male, so it shall be received into the *inmost* of the female, even into the ovaries, and there perform its vitalizing function. And here we wish to remark, that while it is admitted that the actual reception of some portion of the semen into the ovule is necessary in order to impregnate it, still this portion need be no more than the *minutest particle*, which, in organized bodies, corresponds to the elementary or primary atom of the inorganic world. And that in addition to this, the old doctrine of the universal impregnation of the blood of the female by means of the seminal *aura* of the male, seems to be confirmed rather than refuted by the later discoveries of modern physiological science. The entire system of the female is influenced most powerfully, and in a direction highly favorable to reproduction, both by the general mag-

which he has described in Guy's Hospital Reports; it was found necessary to make an artificial opening with the knife; the labor terminated favorably."

A single well-authenticated instance of pregnancy occurring with an absent or occluded os, entirely uproots the theory of the passage of the semen to the ovary *via* the Fallopian tube.

* See Ryan's Compendium of Gynecology and Paidonology; also, Cazeaux, "Midwifery," Philadelphia.

netic sphere of the male and by that richly-endowed secretion which is given off as the representative of his energetic vitality.

V. It is to be remembered that the ovaries are encompassed by, first, the serous *peritoneum*, and secondly, by the *tunica albuginea*, a highly organized and dense fibrous tissue, impervious in a much greater degree than the comparatively porous textures of the uterine walls and the ovarian ligaments. Thus, though it may be true, as is claimed, that spermatozoa have been observed *on* the ovary, it does not follow that impregnation of the contained ovule is effected through the passage of these spermatozoa through the Fallopian tube. The ovules are *within* the ovary, at one end of an uninterrupted porous chain, and it is reasonable to argue that the vivifying principle is conducted to the ovule by that way.

Again, it is to be remembered that the Fallopian tubes (*oviducts*) being lined by *ciliated epithelium*, have the ciliæ in a direction to *aid* movement *from* the ovary and *towards* the uterus, and to retard movement in the opposite direction.

There are other considerations which might be adduced in support of our view of the course pursued by the semen in order to bring it into the most interior—the ovaries; but what we have already cited will suffice. We hasten on to conclude our physiological view of reproduction.

The voluntary portion of this grand function is sustained by the crebro-spinal nervous system, which is the seat of the rational soul, to which belong all the *highest* and *holiest* affections and *aspirations* of our nature, all of which, together with *all* the *powers* of *body*, *mind* and *spirit*, concentrate with *intensified* energy in *that* movement whose crisis is reproduction.

Thus, in each individual, the entire being is involved; the magnetic circle of reproductive life becomes complete and active; the excited orgasm of the generative parts being reflected upwards from the sympathetic ganglia upon the

voluntary nervous system, arousing the mind and soul to tremendous exertion; and the return current of the determined will and ardent impulses powerfully affecting the voluntary and involuntary nervous centres, through the former inspiring the subtle fluids of the nervous system, and through the latter those of the sanguineous circulation with that "*formative force*" which alone is competent to inaugurate a new creation.

Thus both individuals,—one positive, in giving, one negative, in receiving,—combine all the energies of their united being to complete, for the moment, the perfect current of human life. And thus, finally, at the momentary completion of this wondrous circuit, is evolved *a spark* which is the commencement of a new being, and which shall eventually correspond in general to both, but in particular to one or the other of its progenitors.

How the similarity arises, of the male to the female, and of their offspring to both in general, and to one in particular, is thus plainly revealed in the physical and physiological views of reproduction. *Why* this two-fold similarity and correspondence invariably occur, will appear, now that we come to

III. *Reproduction Spiritually Considered.*

From the nature of our subject and the constantly anticipating descriptions hitherto given, there remains little more to do than recapitulate the principles already advanced, and in an orderly manner to present them and the conclusions which must be drawn from them.

Step by step we have traced the influence of the lower forms of involuntary organic structures, of the instinctive but still involuntary passions, and of the voluntary affections and determined will; and shown how they all combine and coöperate in reproduction. How the entire being is involved from its lowest to its highest nature; how the generative organs themselves—by the intimate connection of their nerves and vessels with the great centres of life—

become the *media* through which are poured out the vital currents on either side; how the *ova* are slowly elaborated from the finest and most interior elements of the mother's constitution; and how the semen, secreted from the most precious elements of the blood, and from the still richer and more subtle spirituous fluids of the nervous system, becomes the suitable embodiment of that truly spiritual influx which, in conception, is imparted to the ovule, whereby the latter becomes a living soul. We have seen how the very highest potencies (powers) ever given to material substance, is by man communicated from his *inmost* to his semen; how this latter, deposited in the vagina of the female, takes a direction backward, and finally reaches her inmost. The minutest particle of the semen, thus vitalized and spiritualized by the soul (immateriality) of the male, sufficing, in turn, to vitalize and *spiritualize* the ovule of the female, transforming it into a new creature which, in all respects, resembles its progenitors. Thus, in the very act of sexual intercourse, is effected *at once, a physical, a physiological, and a truly spiritual union.*

We have already explained how the generative organs of the male, especially and entirely adapted for giving, and those of the female, equally fitted for receiving, correspond to the respective natures of the two sexes; and how, through these organs, are wrought out the equally correspondent seminal and ovular elements of reproduction; and we need here to extend our views but little farther in order to see how the special characteristics which thus *originally* distinguish one sex from the other, are not, by any means, founded upon physical or physiological differences in their sexual or general constitution, but that these physical and physiological differences are really due to previously existing distinctions in the mental, moral, and spiritual nature of the parents themselves.

The characteristic principle of the male is to be found in his intelligence and reason; that of the female in her predominating will and affections;—man thus corresponds to

wisdom, woman to love. And these characteristics themselves correspond, on the one side, to the physiological organizations in which they are ultimated and which they inspire; and on the other side to similar principles in the Divine nature from which they are derived. And it is by the conjunction of these two principles, by true spiritual union in the married state, in addition to the external physical and physiological union already described, that the perfect and complete man is formed.

As the particular organs and structures exist and are developed only for the sake of the functions which they perform, so does the whole body, and even the entire being, exist preëminently for the sake of the highest use of which it is capable. This *noblest use* is found in reproduction of the species; and the general design of this, as well as all the particular means by which it is accomplished, indicate a Designer, a primary Creator, who thus provides for that constant succession of creation which is included in the continuance of life on earth. And, in reproduction, man himself becomes a secondary creator, an image of the primary creator. But the analogy may be drawn still more closely. For the intelligence and affections, which are the predominating characteristics of the male and female respectively, we have seen uniting to form one *complete* man in the married state, and vitally conjoined in reproduction—these same characteristics correspond with the Divine Wisdom and Love—the two eternal principles whose union constitutes the Divine Nature, and whose operation makes God Creator.

As the great I AM flows into and sustains all things in, and all operations of, nature, so here, in the reproductive process, is His immediate influx, through the male, as the giver, into the female as the receiver, and the ultimate union, in the receptacle, results in a new creation, a newly-formed being, Spiritually, Physiologically and Physically.

PUBLICATIONS RECEIVED.

THE MATERIA MEDICA IN ITS SCIENTIFIC RELATIONS.

Judd & White, New Haven, Conn.

This *brochure* of forty-two pages, cannot fail of benefitting all who may be led to peruse it. The author, who withholds his name, enters into a consideration of *Materia Medica*, as a science *per se*, and without regard of its practical relations with therapeutics. He claims that it should be built up, as are other sciences, solely by inductive processes. By this method, he claims, *Materia Medica* will be developed to its utmost in every respect, and may consequently be the more thoroughly and usefully adapted to its collateral purposes. It is a carefully prepared and highly scientific essay, and reflects great credit on its distinguished author.

TRANSACTIONS OF THE THIRD ANNUAL SESSION OF THE HOMOEOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

This second volume of the transactions of the Pennsylvania Medical Society is published in good style, and contains many valuable papers and addresses. The pamphlet has been greatly commended by our brother journalists.

A CLINICAL TREATISE ON THE DISEASES OF CHILDREN, based on lectures delivered at the hospital for sick children, London. By Thos. Hillier, M. D., Philadelphia: Lindsay and Blakiston, 1868.

This is a work of 400 pages, being the observations of the author in a great variety of the diseases of childhood, embracing their causes, phenomena and treatment (allopathic). A very valuable work of ready reference.

A SYSTEMATIC TREATISE ON ABORTION AND STERILITY.

By Edwin M. Hale, M. D. Second Edition, Revised. Chicago: C. S. Halsey, 1868.

The first edition of this valuable work was carefully reviewed in the *Hahnemannian Monthly*. This "second edition" is in keeping with the careful accuracy and neatness of Mr. Halsey's publications. The book itself is the work of an eminently practical and indefatigable worker in the field of medicine. The author asserts, in his preface to this edition, that he "has aimed to bring the treatment up to the requirements of the present day, and to include all the valuable discoveries in medicine and surgery," and a careful perusal of the work itself will disclose the fact that he has admirably performed the allotted task. Part V. of the first edition, on "Obstetric Abortion," has been omitted, the author states "from conscientious motives." "It was written for physicians—for pure minded and honorable men—but the information therein contained has probably been prostituted to bad purposes by immoral physicians." It is to be regretted that in consequence of the wickedness of *some* men,

the whole profession is to be deprived of so valuable a contribution to medical literature; and the author's suggestion that physicians shall seek information on this subject through the writings of allopathic and homœopathic obstetric authors, is but a partial reparation for the loss. In place of the ostracised chapter, however, we have a valuable and almost complete work on "Sterility," with suggestive treatment. When we consider the great prevalence of barrenness, and the meagre and scattered accounts of its cause and cure, accessible to the busy practitioner, it will be perceived that this addition, which contains nearly as much matter as does the part on "abortion," is an addition indeed.

The causes of sterility are classified as follows: Constitutional or Predisponent; Psychical; Ovarian; Uterine; Vaginal; Rectal; Medicial. Under these we find ninety subdivisions, which probably embrace all the possible causes of barrenness on the part of the woman. As psychical causes, our author enumerates "Incompatibility," "Frigidity," "Erotism." He very properly remarks that the most eminent physiologists of this century do not teach that "frigidity" is a cause of sterility. In the domain of practical experience, our oldest practitioners will bear us out in the statement that it *is not* a cause. An absence of sexual desire or of sexual enjoyment on the part of married women, in the earlier periods of their marital relations, is of very common occurrence, and yet conception as readily takes place as under circumstances more in accord with nature.

The work closes with an appendix: "General Therapeutics of Sterility," in which is contained the "indications" for the use of upwards of forty remedies, and the whole forms a concise and valuable work on Sterility and its treatment, which should be in the hands of every physician.

PRACTICAL ELECTROPATHY. C. S. Halsey, Chicago.

Physicians of all schools are agreed as to the value of electricity in the treatment of disease. This little tract gives, in the least possible compass, the methods of applying the "positive" and "negative" poles, in each individual case of disease. Descriptions of a variety of apparatus, with prices annexed, is appended.

THE BANDAGE AFTER PARTURITION. By Henry N. Guernsey, M. D. Read before the Philadelphia Medical Society.

This handsome little pamphlet is a re-print of Dr. Guernsey's paper, as it appeared in the October number of the *Hahnemannian Monthly*. Professor G. assures us that he is constantly in receipt of testimony in favor of the non-application of the bandage to women, after labor; and wherever the subject has been discussed, in our medical societies, physicians have given their verdict in favor of the new method as opposed to the old.

NEW ENGLAND MEDICAL GAZETTE. October, November, Boston.

Dr. Angell retires from the co-editorship of this journal, and Dr. Talbot will be sole editor at the commencement of the fourth volume. We have ever recognized the pen of Dr. Angell as an able and a ready one, yet, and although the editorial labor will now be undivided, we feel assured that the indefatigable General Secretary of the American Institute will preserve the high character of the Journal, and even increase its interest and value.

AMERICAN JOURNAL OF MAT. MED. Oct., Nov., Philada.

In the November number, the editor, after referring to certain "slight onpleasantnesses" in the shape of rival circulars from rival institutions, concludes by saying: "With this we dismiss the subject, we hope forever." From the bottom of our editorial heart, we say—Amen.

We notice also, as an appendix to the November issue, the very able, introductory lecture of Professor Raue, entitled: "Subjective and Objective Symptoms."

We trust the advertisement on last page of cover, "An Extra Volume of the *Materia Medica*," will meet with all the attention it deserves. Dr. Hering has material prepared for issuing 800 pages of his work, and will do so on the receipt of 500 subscriptions of four or five dollars (according to binding), each. We trust that all our subscribers who do not take the *Journal of Materia Medica*, will make a note of this.

MONTHLY HOMŒOPATHIC REVIEW. October, November. Henry Turner & Co., London.

While we are far from endorsing all the sentiments of this journal, we recognize in it one of our ablest and most valuable periodicals, ever replete with valuable matter, and we trust it has a large circulation in this country, as it deserves to have.

BRITISH JOURNAL OF HOMŒOPATHY (Quarterly) for October, has not been received.

OHIO MEDICAL AND SURGICAL REPORTER. November. Cleveland. Witte & Co.

This number concludes Vol. II. We understand that Vol. 3 will shortly be commenced under very favorable auspices. It was announced that the "*American Homœopathist*," which made its last appearance in July, would be consolidated with the "*Reporter*." We wish success to the enterprise in any shape.

WESTERN HOMŒOPATHIC OBSERVER. September. St. Louis. H. C. G. Luyties.

No number of this excellent little monthly has appeared since September. We are glad to learn, however, through Mr. Luyties, that Professor Helmuth, having returned home from his recent European trip, is now at work, and intends to issue several numbers in one.

THE "HOMŒOPATHIC SUN." A monthly Journal devoted to Popular Homœopathic Information. Edited by F. W. Hunt, M. D., assisted by other Homœopathic Physicians. New York: William Radde.

This is a new candidate for popular and professional favor. We welcome the new luminary to the homœopathic firmament, and trust its light may shine wherever there are dark places in medical experience. It is intended to contain a variety of information not usually found in medical journals. The "Homœopathic Directory" will be very valuable, if care is taken to make it complete and correct; we notice, however, a number of inaccuracies in the list of Philadelphia physicians.

AMERICAN HOMŒOPATHIC OBSERVER. November, December. Detroit. E. A. Lodge.

This welcome journal keeps up its reputation for "original communications." It has been the medium of communicating to the profession several very valuable provings, and other matters of interest. We are pleased to learn that Dr. Lodge has recovered from his recent severe sickness, and is again at his post. Vol. 5 closed with the December number.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY (quarterly). November. New York: William Radde.

Contains a great variety of valuable papers. The article on "Animal Poisons," by S. Lillienthal, will be read with interest by all subscribers to the Journal. A number of original papers, and others translated from foreign works, make the October number one of great value to the profession.

UNITED STATES MEDICAL AND SURGICAL JOURNAL (quarterly). October. Chicago: C. S. Halsey.

This journal compares favorably, in regard of the ability and care with which it is edited, the valuable contributions to its pages, and the manner in which it is published, with any journal of any school of medicine. Homœopathic physicians who are interested in the question of "dose" and "potency," and we believe none are insensible to the influences of *vexata quaestio*, will be much pleased, and we may say edified and even amused at the articles respectively of Drs. P. P. Wells, S. A. Jones, and . P. Gatchell. The latter gentleman, with *dynamic power*, "pitches into" Professor Temple, who had previously "pitched into" Professor G.

"THE MEDICAL INVESTIGATOR." Oct., Nov. Chicago: C. S. Halsey.

This journal commenced its sixth volume in October. We have, condensed in its pages, a large amount of valuable information, collated by the editor, and the contributors' department is well attended to. It affords us great pleasure to announce that Walter Williamson, M. D., of Philadelphia, has consented to take charge of the "Materia Medica

Department," and hereafter the profession will receive of his valuable experience.

EL CRITERIO MEDICO (weekly). Madrid, Spain.

The revolution in Spain has in no wise interfered with the regular publication of this excellent journal. We are in receipt of its issues up to Nov. 10th. We shall presently present our readers with translations of valuable articles from its columns.

EDITORIAL.

LET US HAVE PEACE.—The outlook of the *medical world* reveals to us that now is a time of upheaval and earthquake. A mighty tidal wave, billowed by the added force of ages, is sweeping along the coasts and over the headlands of the sea of error, and whatever is not of the truth, and for the truth, will be engulfed in the vast abyss of everlasting medical oblivion.

The members of the allopathic* school of medicine of to-day have had handed down to them, through a long line of illustrious predecessors, a most hearty contempt for medicine—as they understood and practiced it—and an utter abhorrence of the system of drug poisoning they had pursued. To this rich legacy of medical infidelity and abjurance the distinguished gentlemen of our day have added the weight of testimony of their great but lamented experience; and the whole, with full force rushing upon them, has forced despondent cries from disappointed hearts, and the longing utterances of hopes for the dawning of a brighter day, in which patient and long-suffering humanity will be flooded with the light of a new medical dispensation.

The recent address of Sir Thomas Watson, before the Clinical Society of London, has been extensively referred to by our journals, and is doubtless familiar to most of our

* We use the word Allopathic as a generical term, expressive of that class of physicians who, having no fixed principle of therapeutics (not even Allopathy), yet deny the truthfulness of Homœopathy.

readers. It is, however, not necessary that we should quote from that singular confession, or from any other of a like character, to show that our *orthodox* brethren are just now without a peg to hang their orthodox hat on, and are in search of one. They are searching for a law of cure, and the wise men of the school have already marked the outlines of the course to be pursued in the search. These will and must, if followed, lead to Homœopathy, and cannot stop short of it, for they mark the same path so well worn by the giant intellectual strides of Hahnemann in *his* search for the law of cure. But not one word is said of Hahnemann; and no intimation is given—whether through real or pretended ignorance—that he passed through the, to them, newly-discovered labyrinth of drug-proving, and entered the innermost temple of truth.

In view, therefore, of this transition state of the old school, and of its determination to ignore Homœopathy and the claims of Hahnemann, it seems to be well that we should turn our thoughts to ourselves, and see whether we are in proper array for the conflict that is imminent between the new and the old. There has, perhaps, never been a time when unity of purpose, if not of sentiment, in our school, was more imperatively demanded, than *now*. “In union there is strength,” is a self-demonstrating proposition, but to judge from the condition of our school, as we view it, it would appear that, to the homœopathic mind, strength lies in disunion and want of harmony. Men are opposing each other with all their might; wasting their strength on friends of the same faith; colleges are torn asunder by intestinal strife, and yet hoping to preserve the line-of-battle against other colleges of the same way of thinking and doing, and against the common enemy; and even our journals, if they are not at war with each other, are not guiltless of offering their columns as joust-yards, where knights of various ideas, and many a “singular device,” may flush their plumes and flesh their swords.

Brethren, “these things ought not so to be.” If this in-

ternecine strife is to continue, the homœopathic school, despite its foundation in truth, must settle down into the imbecile contentment of a general impotency, or be swallowed up, as the homœopathic lamb, by the roaring "orthodox" lion that has lived three thousand years by devouring systems.

It is true that "truth is mighty and will prevail;" but truth *has been* taken from an unworthy generation and revealed again to its successor. If *we* would reap the full fruition of our law of cure; if we would be the true physicians of our fellow-men, and the true apostles of divine revelation, let all the good men and true, of our school, sternly set their faces and their words and deeds against contention and strife, from whatever quarter and in whatever shape. Let men and men's ideas go down before measures—if they are in conflict—and let nothing be done, no act performed, and no word spoken, save with a single view to the advancement of our cause. Let us feel that there is a tie of common brotherhood, and a tie of common interest that binds each to the other. Let us have union and its consequent strength; and, while ready and willing to fight Allopathy, and all other forms of error, for ourselves, in the words of our great citizen-soldier and President, "LET US HAVE PEACE."

THE SPINAL NERVES.—In the last number of the *Quarterly Psychological Journal*, is an article entitled "Historical Considerations Concerning the Properties of the Roots of the Spinal Nerves," by Professor Austin Flint. The article enters elaborately into the subject, discusses the nature of the investigations concerning "*the location of the properties of motion and sensation in different portions of the cerebro-spinal nervous system.*"

For many years the credit of this great discovery, from which dates our positive knowledge concerning the cerebro-spinal nervous system, has been, says the article, either indefinitely or incorrectly assigned by the great majority of

physiological writers, simply because few have had an opportunity of consulting the original pamphlet containing the first observations of Bell, the reputed discoverer.

Having now obtained a complete and authentic reprint of Bell's Memoirs, the author of this article takes up the claims of the various names which have been mentioned prominently in connection with the discovery—Walker, Sir Charles Bell, and Herbert Mayo, in England, and Magendie, in France—and, after discussing the merits of each claim, closes with the following summary:—

“Like many great discoveries, the idea and the experiments by which it was carried out and elaborated, did not emanate from a single mind.

“In 1809, Alexander Walker proposed, for the first time, the theory that the properties of motion and sensation in the mixed nerves, were derived from the two roots by which they take their origin from the spinal cord. This idea was entirely theoretical; and sensation was assigned to the anterior root, and motion to the posterior root.

“In 1811, Charles Bell, who was the first to experiment on the spinal nerves in animals recently killed, ascertained by experiment that the posterior roots of the spinal nerves had little or no motor properties. He ascribed both motion and sensation to the anterior roots, and supposed that the posterior roots presided over what are now known as the vegetative or organic functions. He knew nothing about the sensibility of the posterior roots.

“In 1822, F. Magendie, who was the first to experiment on the spinal nerves in living animals, ascertained by experiment that the anterior roots of the spinal nerves presided over movement, and the posterior roots over sensation. He believed these to be the distinctinctive properties of these roots; but he thought, at the same time, that the anterior roots might be slightly sensitive, and the posterior roots might possess some motor properties.

“From the experiments of Magendie dates all of our positive knowledge of the physiological properties of the two roots of the spinal nerves.

HOMŒOPATHY IN RUSSIA.—The announcement first made in *Le Courrier Médical*, and so extensively copied into the newspapers of the United States, to the effect that the Emperor of Russia had, by a “*ukase*,” forbidden, under heavy penalties, the practice of Homœopathy in his vast domin-

ions, is now officially pronounced to be false, even by the chief agent in its dissemination, the *London Lancet*.

It appears, on the contrary, that Homœopathy is highly valued in Russia; and it will be remembered that the late Czar (Nicholas) was under the care of Dr. Mandt, a homœopathist, at the time of his death. Dr. Mandt retained the confidence and affection of the Emperor up to the latest moments of the Emperor's life.

It affords us much pleasure to make the following extracts, regarding the matter of the "*ukase*," from the British "*Monthly Homœopathic Review*," November, 1868.

"Through the kindness of a friend of one of the editors of this *Review*,—resident in St. Petersburg,—and through that also of Dr. Roth, who placed himself in communication with a gentleman of that city, we are enabled to assure our readers that NO SUCH UKASE HAS EVER BEEN ISSUED. It is the invention of some unscrupulous opponent of Homœopathy—one of those by whom the obligations of truth are not felt when an opportunity of deceiving the public on the subject of Homœopathy occurs.

"An *ukase* of a very different order has, however, been lately published in the St. Petersburg papers—one which renders the statement of the editor of the *Courrier Médical* peculiarly audacious. It is one officially sanctioning the formation, by the homœopathic physicians of St. Petersburg, of a Medical Society; and was obtained, moreover, in spite of the active opposition of the Medical Council of the Empire.

"There are, we are informed, about twenty practitioners of Homœopathy in St. Petersburg. Catellans' *Annuaire Homœopathique*, published in Paris, in 1863, gives a list of forty *Russian* towns in which Homœopathy is represented by one or more physicians. In St. Petersburg there is a large and flourishing homœopathic pharmacy, and another in Moscow; both were established by the direct appointment of the Emperor! A monthly medical journal is also published in St. Petersburg, of which Dr. de Villers is the editor. Dr. Bojanus, of Nijny-Novgorod, has recently published a work, entitled "*Application de la médecine homœopathique aux traitements chirurgicaux à l'hôpital des Apapages de Nijny-Novgorod*," which is highly spoken of by the Parisian journal, the *Bibliothèque Homœopathique*.

"These few facts sufficiently prove the position of Homœopathy in Russia to be a firm one."

PERCHLORIDE OF IRON.—The bad results which must frequently follow large surgical operations, are the following: Purulent infection, putrid infection, inflammation of

the veins, arteries, bones, muscles and also secondary hemorrhage. M. Bourgade, in his report to the International Medical Congress, held in Paris, thinks all these are prevented by application of Perchloride of Iron.

"The application of this article to a bleeding surface produces at first, acute pain, which arouses the patient from the effects of the chloroform. This pain is soon lessened, and ceases in a few hours.

"The mode of applying it, is to saturate charpie with a solution of Perchloride of Iron, and apply it over the whole of the cut surfaces, including all divided tissues, as bones, vessels, nerves, muscles, &c. The solution combines quickly with the tissues, and forms a thick, firm and adherent covering, which shields and defends all the injured parts beneath. At the end of the first week the charpie begins to be dislodged, leaving a dark-colored surface. This is the slight eschar which comes off later, leaving a healthy red surface, already covered with healthy granulations."

Professor Macfarlan, of the Hom. Med. College of Pa., is of the opinion that the salt has some specific general effect to arrest hemorrhage, apart from its styptic properties. Recently, for internal hemorrhage, where the blood poured out through the urethra, a strong solution in water was given, and in a very short time the blood ceased to flow; upon a recurrence of the hemorrhage, another dose was given, with a similar result. Should this be confirmed by further experiment, it will be made public. It would be a very great boon, should it prove to be a genuine fact that the salt may be used as successfully internally as in external local applications.

THE FIRST OR PATHOLOGICAL PORTION of the article on Cerebro-spinal Meningitis, by Professor Frost, published in this number of the *Hahnemannian*, was sent, last summer, to the *Homœopathic Independent*, but hearing nothing from the editors of that journal, and seeing nothing of the journal itself, the author furnished the therapeutical portion of the

article for the *Hahnemannian Monthly*. The pathological part is, therefore, copied from the *Independent*, with some slight amendments by the author, and the therapeutics of spotted fever will be given in our January number on this account.

Our November issue was greatly delayed, in consequence of our Printers being in the transition state from old presses to new ones. The same cause has retarded the present number somewhat; but Messrs. DE ARMOND & GOODRICH have furnished themselves with Potter's First-Class Presses, and there will be no delay of future numbers on this account.

SEMI-ANNUAL MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF CUMBERLAND VALLEY, PENNSYLVANIA.

THE Society assembled, pursuant to adjournment, the President, Dr. Marsden, in the chair.

Physicians were present from Franklin, Adams, York, and Cumberland counties.

The minutes of last meeting were read and approved.

DR. M. FRIESE, of Harrisburg, presented his credentials and was admitted as a delegate from the Dauphin County Society on the subject of the formation of a Central Pennsylvania Medical Society; the good results of frequent interchange of views among Physicians, lead this Society to think favorably of the project. A communication was received from Dr. Lippe (an honorary member of this Society), enclosing some parcels of a new drug, which he desired distributed among the members for proving.

DR. COOK offered as a subject for discussion Dr. Guernsey's paper in the *Hahnemannian Monthly* for October, on the disuse of the binder after parturition, believing it was a matter worthy the closest scrutiny of the true physician; his experience leads him to discontinue its use.

DR. BOWMAN has not used it in the last eighteen cases, except in two instances, where the attendants took it upon themselves to apply it, and

he finds no bad result. On the other hand, the recoveries were good and very satisfactory.

DR. MARSDEN continues to use the bandage, and believes it salutary in many cases, but has not given the subject careful thought.

DR. FRIESE coincided with Dr. Marsden, and the discussion was continued at length, after which

DR. MARSDEN reported several cases of fracture, one of which being of the femur, was treated by extension without splints, and the recovery was very satisfactory.

DR. ARNOLD reported a case of tumor of large size, on the external wall of left chest, which resulted in abscess, and proved fatal.

The Secretary called attention to the following hygienic subjects which elicited discussion.

The deleterious use of cast iron stoves, where a separate fire pan is not used in their construction, carbonic oxide gas is effused, and poisons the air, whence headache, vertigo, and a whole train of ailments result; better use more and warmer clothing on the body, and fewer stoves, and breathe more free unhoused air. Good warm flannels worn next the skin, need to come into more general use to guard the human system against the sudden changes of temperature in our variable climate; especially useful in the developing state of the body, and to ward off the ills of declining life, but all will be benefitted thereby. Another greatly needed reform is the substitution of earth closets for the horrible vaults and wells now in common use, which load the air in all our towns and cities with poisonous products; this is destined to be the greatest hygienic reform of the age; our present state of civilization demands it, and it is the duty of physicians to encourage it; the dry earth commode is peculiarly adapted to the sick room.

The President appointed the following committee on the subject of the formation of Pennsylvania Central Medical Society, to act in conjunction with the Dauphin County Society: Doctors B. Bowman, E. W. Garberich, and Wm. H. Cook.

The need for such an organization was thoroughly reviewed by the members present, and it was believed it might result, if effected, in much good to the profession. It would afford isolated physicians an opportunity to fraternize and mingle with their professional brethren, and elicit their aid in developing the true science of medicine. Adjourned.

WM. H. COOK, *Secretary.*

T H E

HAHNEMANNIAN MONTHLY.

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No. 6.

CEREBRO-SPINAL MENINGITIS.

BY J. H. P. FROST, M. D.

(Continued from page 201.)

Therapeutics.

Aconitum.—Chilliness; high fever; hot, dry skin; *great thirst*; RESTLESSNESS. *Dilatation of the pupils*; avidity for light; desire to look at bright light. Hah.—*Great photophobia*. (S. Codex.) *Contraction of the pupils* (photophobia) according to Hale, indicates Aconite in cerebral diseases; as dilatation of the pupil (and thirst for light) does Gelseminum.*

It may be remarked that Aconite is thus indicated by its characteristic symptoms in cases which may indeed become developed as "Spotted Fever"; but which—except from the recurrence of other cases with similar symptoms terminating in this disease—could not be determined in advance

* Drs. Hale and Searle,—*New Remedies*, pp. 405, 426,—seem to deny that *Acon.* primarily causes dilatation of the pupil; but this is contrary to Hahnemann's experience in proving this remedy

as instances of it. And when thus administered, where alone its symptoms call for it, *in the early stage of this disorder* (as also in incipient Diphtheria and Pneumonia), this remedy may suffice to cure the patient entirely, by arresting the morbid processes *before they have reached the stage of plastic effusion.*

Apis.—Violent pains in the head,—aggravated by lying down; relieved temporarily by pressing firmly with the hands. Great inclination to sleep, but inability to do so from extreme restlessness and nervousness. *Sleep disturbed by oppressed respiration and disagreeable dreams.* Rapid, painful and spasmodic respiration, *aggravated by lying down* (opposite to Cantharis), and ameliorated by inhaling the fresh air in an upright position. *Sensation as though he should not be able to breathe again.* Sudden prostration of the vital force. *Burning, stinging pains.*

The direct pathogenesis of *Apis* presents neither the convulsions nor the "spots" which characterise cerebro-spinal meningitis; but it has the violent headache, and all the paralytic symptoms which result from the serous or other exudation of the advanced stage of this disease. While its acknowledged value in *acute hydrocephalus, in arachnitis*, and in the secondary or exudative stage of what is termed "*Meningitis Basilaris of Children*,"* will entitle it to a careful study in this connection.

The *Apis* seems to produce serous rather than plastic exudations; but when indicated by its dynamic, subjective symptoms, it will always do good. And we can see when the remedy is called for, *during the life of our patients*, by means of these dynamic symptoms; while if we were to rely upon the demonstration of the exact pathological condition (the nature of the exudation as serous or pseudo-membranous), we should be obliged to postpone prescribing

* *U. S. Med. and Surg. Journal*, Vol. I. p. 237; and II. pp. 31, 129. Valuable indications for the remedies are given in this article,—equally applicable to cerebro-spinal meningitis, and to "*Basilar Meningitis of Children.*"

till after we had made a *post-mortem* examination of the subject.

In a very bad case of Spotted Fever in a young man—successfully treated by Dr. Williamson, some years ago—Apis (and also Cantharis) was found of great service in relieving the accompanying urinary difficulties. These *nephritic complications*, which are so common to both Spotted Fever and Diphtheria, furnish additional proof of the similar nature of the two disorders.

In Spotted Fever, as in other affections of the nervous centres, Apis is believed to be far more efficient in the 2^c than in any lower preparation.*

Arnica.—Red, blue, and yellow spots, like ecchymoses. Coma somnolentum, with delirium and carpalgia. Jactitation of single muscles; twitching in all the limbs; tremor of the limbs. Convulsions and tetanic spasms. Painful and excessive sensitiveness of the whole body.†

These strongly-marked objective symptoms, and the great efficacy of Arnica in certain forms of Typhoid and Typhus Fever—where the symptoms in many important respects resemble those of cerebro-spinal meningitis—should ensure the thorough study of this remedy in the latter disorder.

Arsenicum.—This powerful drug acts primarily upon the organic or vegetable nervous system, and only in a secondary manner upon the cerebro-spinal system,—although recommended with others, in a general manner, by Marcy and Hunt. Still, if *dynamically indicated*,—that is, by the prevailing symptoms, especially the subjective ones,—it should be carefully exhibited. And the success which must attend its administration will show the superiority of nature's great law of the Similars over all the deductions which we may make from our own petty pathological theories.

* Compare Marcy and Hunt's Practice, Vol. I., p. 530; and *U. S. Med. and Surg. Jour.*, Vol. II., p. 180.

† "Pressure on the back of the neck elicits a cry of pain," on the fourth day, in a case which terminated fatally on that day.—*Am. Jour. Med. Sci.*, July, 1866, p. 126.

Belladonna.—Headache in paroxysms, as if the brain would burst, aggravated by moving the eyes, by shaking the head, *when lying down*, by light and by noise; relieved by compressing the head with the hands. Glowing redness of the face; dark red face; bluish red face. Contraction of the pupils; dilatation of the pupils (immovable pupils); double vision. Convulsions, especially of the arms. Screaming; moaning, starts, which wake him even when on the point of falling asleep. Rigidity, with bending the body and head backwards, or to the left side. Right side principally affected. The peculiar character of the delirium and moral symptoms will determine the choice between Bell. and Stram., Hyos., and Veratrum.*

Bryonia.—Sharp, lancinating pains in the head, *worse from motion, better when lying down*. *Bursting headache, worse when rising up*. Face red and bloated, like Bellad.; but neither dilatation nor contraction of the pupils. Petechiæ. Stiffness in the neck; great pain in the limbs and joints, not allowing of motion. *Plastic exudations, or pseudo-membranous formations*;† these, in accordance with our view of the nature of cerebro-spinal meningitis, may be deposited about the base of the brain. And as in *Diphtheria* and in *Croup*, so in this disease Bryonia, instead of being entirely overlooked, should be most carefully studied.

Cantharis.—Affections principally of the right side. Violent pains in the head; drawing, tearing in the head; stitches in the head, in the occiput, as if in the bone, or deep in the brain,—in the right temple,—in the forehead; lancinations in the head, waking him from sleep. Protruded eyes; eyes in spasmodic motion; fiery, sparkling, with steady, staring look; things look yellow. Bloatedness in the face. *Lock-jaw*, with grinding of the teeth, and dis-

* For a full and elaborate comparison of Bell. and Stram.,—one differing from and far superior to that of Gross,—See *Wells on Scarlatina. Am. Hom. Review*, Vol. V., March, 1865.

† Vide *Neidhard on Diphtheria*, p. 118.

charge of foamy and even bloody saliva. Oppression of breathing, *relieved in a recumbent position*; (opposite to Apis.) Retention of urine; suppression of urine; strangury; dysuria; paralysis of the neck of the bladder.

The remarkable efficacy of this medicine in Diphtheria, in removing the false membranes from the fauces, and also from the vaginal, uterine and urethral mucous surfaces; and its value in the urinary complications of Spotted Fever, in conjunction with Apis,—according to the experience of Dr. Williamson,—strongly confirm our supposition of the plastic nature of the exudation at the base of the brain in the latter disease. The respective subjective symptoms of Cantharis or of Apis, which may predominate, will determine the choice of the one or the other of these two remedies, when nephritic or urinary complications arise in cerebro-spinal meningitis. And the improvement brought about by either, when thus indicated, if not equal to the entire cure of the patient, will at least prepare the way and enable some other remedy to complete the work. In healing, as in learning, all that is gained is doubly valuable,—for its own sake, and for the sake of the still further progress which it facilitates and secures.

Cicuta vi.—Insensibility. Stiffness of the jaws. He bends his head backward. Stiff, sore neck. He feels sore all over.

The *petechiæ*, remarks Dr. Lippe,—to whom we are indebted for the above, and other symptoms,—are not to be found in the pathogenesis of *Cicuta*; but cures with it have been reported.

Crotalus horrid.—Pain in all the limbs; horrid headache; red face; delirium with open eyes; ecchymosed spots every where; *Raue*. Most of the symptoms appear on the right side. Compare *Crotalus cascavilla* in Mure's *Materia Medica*.

Ellaps corallinus.*—*Right side* principally affected. Pain in cerebellum, right side; pain in the whole spinal marrow.

* Dr. B. Mure's *Materia Medica*, Wm. Radde, New York, 1854.

The arm and hand are swollen, bluish, covered with red spots; also the right leg and foot. Cramps in the calves. Cramps in the right side. Paralysis of the right side; the right side is numb, as if paralyzed. The extremities look blue, with reddish spots. Phlyctenæ here and there, especially on the extremities.

Lachesis.—The *left side* is principally affected. Affections of the throat, beginning at the left side, and extending to the right, require *Lachesis* rather than *Lycop.*; while those which beginning at the right side extend to the left, require *Lycop.* rather than *Lachesis*.* *Convulsions* and other spasms, with *violent shriek*, particularly about midnight, waking the patient. Aggravation of the symptoms during rest; amelioration during motion; *exacerbation after every sleep, in the day or night*.

Each one of these several varieties of the serpent-poison seems capable of developing upon the skin colors resembling those of the serpent from which it is derived. "The skin (of the prover) looks like that of the snake." Observe the contrast: *Elops* for the right side; *Lachesis* for the left.

Gelsemium.—Headache; heaviness, giddiness, as if intoxicated. Headache which comes on suddenly, with dimness of sight, or *double vision*, and dizziness. Dilatation of pupils (compare *Aconite*); complete loss of muscular power of vision, and speech; icy coldness of the hands and feet; nausea; vomiting. *Drowsiness*; wants to lie still and rest. *Fever without thirst*; (thirst during the sweat.) Profuse emission of watery urine, accompanied by transient chilliness, tremulousness, and an evident alleviation of the sensations of heaviness of the head, dullness of the mind, and dimness of sight.

"*Gelsemium* has direct relation to the incipient or congestive stage of cerebro-spinal meningitis, and also in some degree to the consequent inflammation. An attack of this disorder is usually sudden, and is ushered in by a severe

* Dr. Ad Lippe, *Am. Hom. Review*, Vol. V. p. 438, April, 1865.

chill, accompanied by evident congestion to the spine and brain, with its ordinary symptoms,—among which dilatation of the pupil is, I believe, always seen. This state is followed,—except in those cases which die collapsed,—by reactionary fever of corresponding violence. In such a condition of the system, no remedy is so homœopathic as *Gelseminum*.” *Searle*.*

Aconite,—in some respects similar to *Gelseminum*,—produces *restlessness*; while *Gelseminum* produces (drowsiness) *prostration* and even *paralysis* of the muscular system. In addition, we note that *Aconite* has violent thirst, and bright redness of the face; while *Gelseminum* has moderate thirst, or little or none, and a crimson hue of the cheeks.

Kreosotum.—My attention is called to this remedy by J. J. Detwiler, M. D., of Easton,—by whom it has been found useful under the following conditions:

Discharges from the bowels, with symptoms peculiar to *Kreosotum*. Rigidity of the muscles.

Vesicles round the mouth, white-tipped, filled with water. Vesicles on the tongue, like little blisters.

Eruption peculiar to K.,—more like flea-bites.

Fetor, similar to the smell of *Kreosote*.

Chlorine.—Has also been recommended in this disorder.

Oxalic acid.—Eruption, or mottled appearance of the skin in circular patches.† Paroxysms of tetanic convulsions, which arrest the respiratory process entirely for the

* See a comparison of these two remedies in *Gross's Comparative Materia Medica*. Curiously enough, this comparison, which Gross never saw—it having been prepared after his decease, by the joint contribution of the American editor and his collaborators—is the only one which was republished by his reviewers as a specimen of his life-work! *Sic eos non vobis!*

† Dr. W. Williamson, to whom I am much indebted for valuable hints derived from his own successful experience in treating this disease, informs me that Dr. Hering, when engaged in proving this drug upon himself, was for a long time marked by the “spots.” The first symptom given above, is quoted in S. Codex, from *Christison*.

time being. Acute pain in the back, gradually extending down the thighs, occasioning ere long, great torture. Great prostration.

This remedy deserves to be carefully studied in severe cases of Spotted Fever; and it may prove to be suited especially to its advanced stages, after exudation. Compare *Apis*.

Baptisia.—"Has many symptoms which resemble very much those which are said to occur in the so-called 'Spotted Fever.' Dr. Rogers claims to have used it with benefit in his own case, during an attack of 'Cerebo-spinal fever,' which was epidemic in his locality. We would suggest to our colleagues a careful comparison of the symptoms of this dreaded malady with the proving of *Baptisia*. It may be found a valuable remedy in the treatment of that fatal epidemic."*

Cimicifuga.—Successfully employed by Dr. Searle,† from whose "Notes on the New Remedies," the following, partly pathogenetic and partly clinical, indications are extracted. "Severe chills, nausea and vomiting, delirium and acute pain in the head, shooting down the spine, with rigidity of the muscles of the back,"—symptoms of incipient cerebro-spinal meningitis,—in a feeble woman of fifty years,—which were removed in twenty-four hours. *Alternate tonic and clonic spasms*. Pain in every portion of the head, chiefly in the vertex and occiput, extending often to the shoulders and down the spine, accompanied by a delirium which perfectly simulates *mania-a-potu*. The pain is sometimes paroxysmal, and is pressive, throbbing and aching in its nature, and attended by tremor and illusions of vision. Intense, throbbing pain, like a ball driven from the neck to the vertex, with every throb of the heart. Intense and persistent pain in the eye-balls, which are dull, aching and sore. Dilatation of the pupils. Swollen tongue. Dysphagia. It

* Hale, *Materia Medica of New Remedies*, p. 120.

† *New Remedies*, p. 209.

has cured Chorea when attended with almost complete loss of the power of swallowing.

Sulphuric acid.—This remedy has the petechiæ, or rather maculated spots, with soreness of the flesh, and great and sudden sinking of strength. It has, also, jerks, cramps, and other minor spasmodic symptoms, and *subsultus tendinum*, and, therefore, may be indicated and found useful even in the more advanced stages of the disease.

Eupatorium perf.—Has been found curative in this disorder, by Rafinesque (allopathic, in 1820), and later by Drs. Pratt, Belden, and others. It is indicated by *severe aching and soreness in the limbs*; aching pain and soreness, as if from having been beaten, in the calves of the legs, small of the back, and in the arms above and below the elbows; aching in the bones of the extremities (*as if the bones were broken*;) with soreness in the flesh; copious perspiration, which gives no relief; cramps; *thirst* before the chill;—nausea and vomiting after the chill.*

Veratrum viride.—This most important and powerful remedy has proved curative in a desperate case of *traumatic cerebro-spinal meningitis—arachnitis*—which was strongly marked by *dilated pupils*: the muscles of the back of the neck contract, drawing the head back on the shoulders; delirium; CLONIC SPASMS: COMPLETE OPISTHOTONOS; during the spasm, the heels almost touched the head, forming a hoop of the body. Another case, equally hopeless, occurring after scarlatina, was cured by the Verat. v., in which was observed “a strip, about six inches wide, extending from the crown of the head to the bottom of the spine, very pungently hot and dry, reddish in appearance, with several large and small petechiæ, like mosquito bites, scattered over the inflamed strip.”†

Our limits will not allow of any attempt to present the special indications for this remedy, in this connection; but

* *Materia Medica of New Remedies*, p. 352.

† *Materia Medica of New Remedies*, p. 1039.

enough has been given to show that no one can expect to do justice to such cases, who does not carefully study its entire literature—both the pathogenetic and the clinical.

Alumin. met.—Dr. Ruhfus* narrates a case of complicated disease of the brain and nervous system—chronic cerebro-spinal disease—successfully treated by him, with *Alumin. met.* ³⁰, after some advantage had been derived from *Bell.*, *Phosph.*, and *Nux vom.*

Nux vom., *Rhus tox.* and *Cuprum acet.*—Dr. H. Bennett, of Rochester, N. Y., reports† a case of spotted fever, in a lad of thirteen years, recently from England. He was taken with severe pain in the head, on Thursday; the same evening became delirious, and had spasms frequently during the night. On Friday, A. M., his head was drawn back; pupils dilated; livid spots upon face, breast, arms and lower extremities; pulse 115 to 120 per minute. Very feeble; jaws firmly set part of the time; had occasionally vomited a green, bilious matter the previous night. He got *Nux v.*, *Rhus t.* and *Cup. acet.*, alternately, at intervals of fifteen minutes; gradually improved, and finally recovered, in a few days, under the same medicines continued at longer intervals.

Hyoscyamus, *Double Vision*; convulsions; delirium.—*Lycopodium*. Sopor; sinking of the lower jaw; fan-like motion of the nostrils; jerkings of the body and limbs. *Rane.*‡

Opium.—Stupor; spasms; drawing the body backwards and rolling it first to one side, then to the other; deep, slow breathing; very quick, or else very slow pulse; often violent mental emotions, fear, grief, fright, which act like a blow, stunning the whole nervous system.—*Rane.*||

Conium, *Nux v.* and *Phosph.*—All have some symptoms

* *Allgemeine Hom. Zeitung*, Vol. LXVIII., p. 75, quoted in *Am. Hom. Review*, Vol. IV., p. 511.

† *North American Journal of Homoeopathy*, Vol. XVI., p. 9.—August, 1867.

‡ *Special Pathology*, by C. G. Raue, M. D., p. 14.

|| *Loc. cit.*

often occurring in this short-lived disease, and should be carefully studied. In this, as in many other dangerous forms of disorder, the true homœopathic, and therefore the only life-saving remedy, in a particular case, may not prominently suggest itself from among those which are apparently indicated, so that, unless it is diligently sought for, the patient may be lost *who might have been saved*.

We are aware that there are other remedies which have been used in this form of disorder, or which may be indicated in cases yet to occur; and trust that in respect to them, as well as to those here mentioned, other physicians will contribute the results of their observation and experience. And we close with a single remark: the remedy which is indicated by the leading, dynamic, characteristic symptoms,—or by the general totality of the symptoms,—will prove beneficial even in desperate cases; although its pathogenesis does not record the livid “spots,” which often form the most remarkable objective features of cerebro-spinal meningitis. These “spots” represent the ultimate consequences of the disorder, in partial failure of capillary circulation; just as corresponding *insensible spots** indicate a similar partial failure of innervation,—and it is well known that very few of our remedies have been proved to the extent of developing all their ultimate, objective, pathological symptoms.

REPORT ON SURGERY.

BY JAMES B. BELL, M. D.

(Continued from page 248.)

(Read before the Maine Homœopathic Medical Society, May 20th, 1868.)

7. *Tracheotomy.*

THOSE who have seen little patients die of diphtheritic croup, throttled in full strength by the terrible obstruction

* “Along the course of the femoral nerves there were several spots, in which the skin was devoid of sensibility.”—*Am. Hom. Review*, May, 1864, Vol. IV. p. 511.

in the larynx, have longed to do something to give them the precious air. Knowing its hopelessness, I have yielded to this, in a single case only, by the express desire of the parents and the attending physician. It was six miles from the city, and I had nothing at hand but my pocket-case; in place, therefore, of a tracheotomy-tube, a couple of old silver teaspoons, with thin handles, were cut in two above the bowl, the handle of each trimmed to a narrow and rounded point, which was bent into a hook, and the whole handle bent to fit the neck, so that when the hooks were placed in the opening in the trachea and tied behind, around the neck, the incision was kept open. The patient was the almost idolized boy of parents able and willing to give thousands to save him. He was four years of age; in the last stage of diphtheritic croup, already almost suffocating. The incision in the trachea was made just above the sternum, with a straight bistoury. The relief was immediate and gratifying. The patient revived and breathed freely. He sank quietly away in about twenty-four hours, without pain or distress. I am inclined to think that the hooks are preferable to any tube with its constant liability of becoming clogged, and with the difficulty it causes of throwing out the secreted mucus. They also irritate the trachea less.

8. *Needle in the Liver.*

A little boy, two years old, was discovered to have something projecting under the skin, in the region of the liver; the skin moving over it when he breathed. I believed it to be a needle which he had swallowed; gave him chloroform, cut down upon it, and drew out a fine needle, about 14 inches long, standing perpendicularly in the liver, between the 11th and 12th ribs.

9. *Needle in the Tongue.*

A girl, of three years, swallowed a needle, and it entered the base of the tongue, leaving the head projecting about half an inch, and pointing down the throat. By use of ether, and much care and trouble, succeeded in removing it.

10. *Hare-Lip.*

I only mention this affection to observe that the best mode of freshening the edges is by means of the knife, not the scissors. Each side being freshened from above downward—cutting on a thin piece of soft wood placed under the lip, the lip being held by the forceps—and then the two incisions united by a circular one at the top, making the whole like a high and narrow arch, they should then be carefully united by good hare-lip pins, and union without perceptible deformity is almost certain. The affection is not very common with us. I have seen and operated upon a single case only, and with the above result. The patient was a boy, $2\frac{1}{2}$ years old.

11. *Lipoma.*

I only speak of this affection, also, to remark upon the benefit sometimes resulting from an operation, beside the mere convenience. The largest tumor of the kind I ever removed, was one of about three-fourths of a pound's weight, from the right arm of a lady of 35. It lay upon and imbedded in the biceps muscle. Its removal cured a long-continued weakness, and impaired use of the arm.

12. *Partially Severed Extremities.*

I have never tried to restore, completely, severed fingers and toes, though some opportunities have presented; but have retained some that were three-fourths, or more, separated from the body, presenting torn and ragged surfaces, from saws and other machines, with satisfactory results, by following certain rules concerning the production of union by first intention, which I will speak of later.

13. *Epithelial Cancer.*

Mr. M., 60 years of age, a well-to-do farmer, of robust build and temperate habits, had a tumor upon the right

cheek, about the size of an English walnut; the middle lay over the lower edge of the orbit, and the upper half involved most of the lower eyelid. Four years ago he had a small cancer removed from the same spot, by caustic. The present tumor began to come about a year later. It had already opened, presenting a rough, jagged, dark-colored surface, discharging ichor.

The chief question arising, concerning its removal, was, how to prevent deformity from the necessary excision of the lower lid to within an eighth of an inch of its edge. The incision for the removal of the cancer was necessarily made of an almond shape, one point being near the outer corner of the eye; the other near the ala of the nose. If we should now proceed to unite the opposed lips of the wound by sutures, we should soon after have complete ectropion or eversion of the lid. To prevent this, I passed a hare-lip pin through the middle of the lower lip of the wound, and out just below the inner canthus, where the skin is firmly attached. The movable lower lip of the wound was easily drawn up to this point, and retained by a figure-of-eight suture; a few interrupted sutures finished the dressing. During four months after that, the gentleman received one dose each of the following remedies: *Ars.* 2^c, *Thuya.* 2^c, *Sulph.* 2^c.

The cancer was removed in February, 1866, and there is now no deformity and no indications of a return. A suspicious wart upon the other cheek gradually disappeared while taking the remedies.

14. *Amputations of the Thigh.*

Case I. Mr. J. M., age 26, has been confined to the house six months with caries of the right tibia. The affection began superficially, by a little abscess about six inches below the knee. When this was opened, the inflammation proved to be periosteal. The edge of the tibia was exposed for a small space, and carious. At this time, and for the succeeding six months,—being a city charge,—he was under

the care of the city physician, an allopath, who treated him by medication only, with no attempt to remove the diseased bone. The overseers of the poor then requested me to see him, and render what surgical or other aid was possible.

I visited him October 31st, 1867. My friend, Dr. J. S. Hall, administered ether, when we proceeded to make a thorough exploration of the diseased part, to see if it were possible to remove the diseased bone. We found the tibia carious through its whole diameter, from half an inch below the articular surface of the knee to six inches below. Of course, the only remedy was amputation. After arousing from the ether, he was informed of his condition, and he very soon decided upon an amputation, to be performed the next day.

It only remained to choose the point of amputation. Here was just the case for enucleation of the knee-joint, excising the condyles of the femur, and retaining the patella as a cap to cover the end of the bone. This makes a beautiful stump, and a very useful one. What statistics we have are also in favor of this operation showing a percentage of only 37 mortality, against 44 in amputation of the thigh. I trust, however, that my colleagues will sustain my decision in this case, in choosing the other operation. While giving our patients the benefit of every improvement in our science, our chief aim must be to give them the greatest possible certainty of a good result, rather than a more doubtful chance of something better. The statistics of enucleation of the knee are based upon 46 cases only; those of amputation of the thigh on 1,055. The probability is, therefore, that a larger number of cases of enucleation might increase the mortality. Of three amputations of the thigh, for instance, coming under my care, all recovered; but it would not, therefore, do to establish the mortality of this operation at will. From the anatomical structures involved, the exposure of the synovial membrane, and the small amount of soft parts available, the *a priori* supposi-

tion is against the best results from enucleation. It was, therefore, decided in this case, to amputate in the thigh, as low as possible, by anterior and posterior flaps. This was done with the assistance of Dr. Hall and two intelligent laymen, in the usual manner, with one modification, which I think of some importance. This consists in outlining the flaps, with a scalpel, in the skin, completing the incisions as far as the skin is concerned, before transfixing and incising the muscles with the catlin. This gives a perfectly regular and symmetrical form to the flaps and the stump, and cuts the skin at all points at right angles with its surface. If it be objected that it takes more time, as it might be by some surgeons, who seem to have the "*cito*" more in view than the "*tuto et jucunde*," the reply almost suggests itself that our object is not so much to operate *quickly* as *well*. Proceeding in this case at perfect leisure, we occupied five minutes in removing the limb. I am rejoiced to find myself sustained in this view and practice by Gross as well as by the old Roman, Cato, whom he quotes as saying: "*sat cito si sat bene*."

The chief thing, however, that interests me in this case, is the opportunity it gave me to apply some modifications of the treatment of incised wounds, to which experience has led me in the treatment of smaller wounds, but which had not been tested in capital operations. They are but two, and very simple, but not unimportant, if the best success is to be desired.

The first is: *The use of hot water instead of cold, in bathing the wound and in the suppression of hemorrhage.*

The use of cold or ice water is purely antipathic. It suppresses, for the moment, the bleeding from small vessels, as cold applications suppress at once the capillary injection and pain of burns, only to be followed by a reaction equally great; pain in the one case and hemorrhage in the other. The action of *hot* water is homœopathic; the first effect being a slight aggravation; the secondary and permanent effect a proper cure. Setting theory aside, how-

ever, practice abundantly confirms its superiority. The uniform results, in my hands, have been the ready and complete suppression of all capillary hemorrhage, even from the cancellated structure of bone, and the almost certain union by first intention, with the least possible amount of pain and soreness.

The second modification is: *Dry Dressing*. Neither cold water, nor any medicated water, produce any other effect than to favor suppuration and prevent the desired union. Though I reached this conclusion by personal observation only, I am rejoiced to see that other observers, of both schools, are arriving at the same. Some, indeed, are seeking to substitute for the water-dressing, various chemical, styptic, antiseptic, and other applications: but in either case the soaking practice is abandoned. The use of the other—the chemical appliances—should not be countenanced or copied by our school, since it is not based upon sense or facts, but upon pure speculation and the fancy of each individual surgeon, and will change as often as other fashions. There is, also, no proof of better results attained by any such applications than by simple dry dressing.

Besides these two modifications, of course care is required to secure perfect coaptation and maintain it. In the present case, union followed very rapidly, and with the most trifling pain and soreness. I think there is good reason to believe that the internal use of *staphisagria* contributed to this result. I have used it in the 2^d potency. It is a clinical observation of Hahnemann's.

Case II. I will speak of one other case, briefly, on account of some interesting points in the prognosis.

A gentleman of 42 years, of scrofulous constitution, had been in failing health three years. The disease was located in the left knee, and about the right hip. During these three years, he was treated by myself, two or three allopathic physicians, and took some patent medicines. By the middle of February, of this year, he was very feeble; the left knee was very much swollen and very painful, requiring a

free use of morphine. He thought it time to consider the possibility of an amputation. No particular physician was in attendance at this time, but he consulted three allopathic surgeons and myself. One told him there was a possibility of recovery by amputation; thought he had saved one case as bad. Another thought amputation offered an equal chance, or fifty in the hundred. The most eminent one said there was no chance whatever; that the wound, even, would not heal. I thought there were about twenty chances to the hundred. Knowing that there was no possible chance as he was, he chose amputation. Aided by Dr. Hall I amputated in the middle third, February 25th, 1868. Union by first intention took place throughout the whole extent of the wound, except the canal occupied by the ligatures. A week after the amputation, he was able to sit up to the table to eat. As regards the stump, the only undesirable thing has been an annoying delay in the separation of the ligatures. One came away in about 25 days, two in 80. Five others still retain their hold, after 83 days. They produce irritation, pain, and suppuration, acting like a seton in the small canal in which they all lie. This is one of the deviations which would make acupressure preferable. During this time, he has been under careful homœopathic treatment for the general disease. His condition is better than before amputation, but is yet doubtful, of course. I have not yet been able to remove morphine entirely, but have much reduced the amount. Appetite and digestion are good. Examination of the knee showed the seat of the disease to be the cartilages, and not the bone. The cavity of the joint was filled with pus, but the bones were wholly unaffected, which contributes somewhat to a favorable prognosis.

DR. BOERICKE, 635 ARCH STREET, PHILADELPHIA, advertises that he has obtained a supply of the poison of the Lachesis. This medicine, hitherto mythical in the minds of many, may now be obtained from a *bona fide* 3d trituration, upwards; and no physician will have any excuse for not availing himself of its most valuable properties.

KEY-NOTES : OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M. D.

(Continued from page 210.)

Antimonium crudum.

COPIOUS hemorrhage from the bowels, accompanying solid excrementitious matter.

A great variety of affections, with predominating gastric disturbance; for instance: eruptive diseases: rheumatism; gout; hydrocephalus: and a variety of fevers where the disordered condition of the digestive apparatus is prominently marked.

The inhalation of the cold air (through the nostrils) gives rise to pain.

Solid and liquid evacuations (from the bowels) at the same time. *Metrorrhagia*, with a sensation as if something were being pressed directly out of the uterus. (Not, as in some other remedies, as if the uterus were being pressed out, or downwards.)

I have had cases of metrorrhagia, when the patients could scarcely decide whether the pressure was as if from or through the uterus, or through the rectum. *Ant. crudum* has, in my hands, invariably cured such cases.

Large "horny" places on the soles of the feet, which become painful when walking. (See Calc. carb.)

Nausea, vomiting, and other gastric disturbances, with *very white-coated tongue*.

Eruptions, in which the scabs that form are very thick. This remedy will be found useful in many cases of chronic skin disease, and, as well, in other forms of disease which may almost certainly be traced to the suppression of eruptions or ulcers.

It will likewise prove curative in some forms of chronic ulcers, which are deep and spongy, more particularly if accompanied by the characteristic gastric disturbance.

Arnica montana.

Arnica should be thought of in all cases of "torpidity," whether resulting from mechanical injuries, or from failing of the vital power. The effect of a violent blow, or concussion, is to stupify, to render inactive, or torpid, so to speak, either a part of or the whole body. Arnica is well suited to meet this condition. Passive hemorrhage may be the resultant of these causes: also dyspepsia, constipation, or affections of the chest. Here Arnica should be carefully studied. It is, in fact, not saying too much to assert that any acute or chronic disease which can be traced as resulting from a blow, fall, or other injury, producing shock of the system, will be relieved, if not cured, by Arnica.

In some forms of disease, as in dysentery, and what are called "low fevers," we sometimes observe this great depression of the vital energies, this condition of "torpor," which very closely simulates the condition discovered after a severe fall or blow. In such conditions Arnica is as homœopathic, and consequently as useful, as if the condition really resulted from mechanical injury.

Vertigo as if not only the patient would fall over, but as if everything surrounding him were falling.

Great heat of the head (apparent) or sense of heat in the head or brain; all other parts of the body being, at the same time, cool.

Arnica 1^m. a single dose, cured a case of deafness (of one ear), the result of a blow upon the ear.

Great distress after eating; sleepless nights, with constant turning and change of position; remarkably obstinate constipation; difficulty of breathing. [These symptoms following a blow on the epigastrium, and being of a year's continuance, were cured in three weeks by a single dose of Arnica 2^c.

Stools occurring involuntarily, during sleep, the patient

being in the characteristic low and torpid state, with great loss of vital energy.

Dysentery: evacuations of dark and bloody mucus, accompanied with a sore or bruised feeling in the abdomen.

Retention of urine, with a feeling of fulness in the bladder.

Urinary difficulties, resulting from mechanical injuries.

Phymosis, produced by friction, if the parts are simply bruised and greatly swollen. If, however, the prepuce is retracted, and there is a large sacculated swelling, *Rhus. tox.* will be the remedy.

Hæmoptysis, of bright-red blood, with a sense of soreness, as if bruised, in the head; or with hot head and cool body.

Cough, with a sense of soreness in the chest, the expectoration being streaked with blood.

Whooping Cough, the child always crying before the paroxysms, as though in fear of the soreness which they cause. *Arnica 2^{ca}* a single dose, will cure such cases.

Arnica will be found to be a valuable remedy in the treatment of *pneumonia*, when the chest is sore when coughing, and the expectoration is blood-streaked.

The patient finds himself unable to raise the loose mucus, and the chest feels very sore when he makes the attempt.

Fearful *dyspnoea*, the head being hot, face red, while the rest of the body is cool.

The *palpitation of the heart* is like a constant quiver or tremor, and is very distressing.

Pain, particularly as if bruised, in the back, right scapula, small of the back, and across the sacrum and loins. Pains in the upper extremities—arms and hands—they feel as if they had been struck, or had been knocked against something hard. Cramps and jerks in the fingers, which, at the same time, feel bruised. Similar conditions of the lower extremities.

The patient is frequently aroused from sleep by the extreme heat of the head.

Is often kept awake until two or three o'clock in the

morning, sometimes from heat and restlessness, and a constant desire to change position; or from a prickling, stinging, or biting sensation, now here, now there, on different parts of the body.

Arnica is indicated in *intermittent fever* when, during the chilly stage, the *head is hot* and the *face red*. Again, when there is yawning and thirst *before* the chill, thirst *during* the chill, and no thirst during the fever or sweat.

This remedy is well adapted to plethoric individuals with a very red face.

The pains and suffering are of such violence and peculiarity as to drive the patient almost crazy. He scratches at the wall or bed, and does other absurd things, apparently for relief.

The pains are increased by every motion, or by the slightest noise.

The pains change quickly from one part of the body to another; they are now here, now there.

A sense of weariness or fatigue, either arising from bodily exertion, as in travelling, or originating spontaneously, without reference to the use of the muscles. Fainting, ecchymoses, sinking of the vital forces: arising either from mechanical injuries, over-fatigue, or arising, apparently, without any such causes.

Too much cannot be said in favor of the use of Arnica in the above-described conditions. It is to be perceived that it is of no consequence whether the symptoms have really resulted from mechanical injuries, or whether the symptoms and condition of the patient simulate those produced by mechanical injuries. This is true as well of the mental symptoms and condition of the patient as of those merely physical.

From a thorough consideration of this remedy, we cannot fail of perceiving its great value to women during and after parturition, and it should always be taken into consideration in prescribing for any abnormal conditions which may be manifested at these periods.

(To be continued.)

FOOD IN DISEASE.

A LETTER FROM DR. SMEDLEY.

Editor of the Hahnemannian Monthly.

DEAR SIR:—I have received from Dr. R. C. Smedley, and send you, his full notes of the remarks he made on "Diet" at the last meeting of our State Society, the report of which you published in the June number of your journal.

From the length and the interesting character of the various discussions that occurred at that meeting, it became necessary to condense the report, or otherwise, if all that was said had been reported in full, a volume would have been made up of discussion alone. So that it is practicable only to cull the best out of a speaker's remarks, and report the ideas he advances, rather than all the words he utters. This, as you know, the Secretaries aimed to do, and I think, accomplished upon that occasion.

After the report appeared in the *Hahnemannian*, a considerable time elapsed before the Publishing Committee handed the manuscript to the printer who published the *Transactions*, in order to enable all who wished to give their remarks in more extended form, ample time to report the same to that Committee before the Annual Proceedings were struck off; so that no member of the Society can feel slighted by reason of his remarks not appearing in full,

Dr. Smedley intended sending on this report at that time, but peculiar circumstances prevented him from so doing, and, therefore, I would favor their publication. In the future, however, I shall oppose such a proceeding, inasmuch as it will tend to open a wide door for trouble to those who may be Secretaries of the Society at future meetings.

Very respectfully yours,

BUSHROD W. JAMES,
Rec. Sec. of Hom. Med. Soc. of Pa.

WEST CHESTER, PA., *October 8th*, 1868.

DR. BUSHROD W. JAMES,

Esteemed Friend:—In the report of the third annual meeting of the Pennsylvania Homoeopathic Medical Society, I observe that my remarks in reference to the case of amputation under my care are reported as objecting to the use of meat, on the grounds that some animals are diseased when slaughtered. The oft-repeated assertion that such meat, tainted with the morbid matter of the animal while living, is unfit for the healthy reconstruction and develop-

ment of every tissue, is unquestionably true. But my remarks were more particularly directed to the disuse of animal food in toto, in all diseases of an eruptive, scrofulous or tubercular character, for this reason. It is a physiological fact that decay, waste, and repair are constantly going on in the system. Every contraction of a muscle disintegrates some old, worn-out, effete particles of matter, which, in turn, are replaced by new atoms secreted from the blood. There is, then, in all flesh, not only the nutritive, freshly-deposited and vitalized particles of matter, but these morbid or effete, entirely worn-out, lifeless portions, with all the products of decay, disintegrated but not yet eliminated. We cannot partake, then, of the healthiest meat without eating of this corrupt and perishable matter, these hydrocarbonaceous products of the continual change of tissue. Cooking does not wholly remove these impurities; what are thus forced out, constitute a portion of the gravy or soup. A person who is using much physical exertion, breathing amply and perspiring freely, may get rid of this amount of worse than useless ingesta, but one who can exercise but little, who is confined much of the time within doors, who may be suffering from tuberculosis, scrofula, and kindred diseases, whose system is already too much loaded with impurities, whose emunctories are not in a state of healthful activity, cannot, with impunity, eat of this waste matter, which all flesh, even the best, contains.

That meat is nutritious, admits of no dispute; and that it does contain the impurities alluded to, is as fixed a verity.

We find, by chemical analysis, that all the elements of nutrition are provided for us in the esculent roots, vegetables, fruits and cereals, and with this advantage over animal food, that we can have them pure, *first-handed*, from the great laboratory of nature. Then they can be prepared in an almost endless variety of ways to suit any condition of the stomach (as nearly as food can be made to suit some stomachs) to supply the wants of the system in disease, or in the natural waste during health.

It seems to me a reasonable assumption, that the assimilative organs have less to do to elaborate healthy tissue from pure uncontaminated aliment than from that containing morbid matter, which must be separated from the good.

The tissue or structure formed from these first-handed

alimentary ingredients must be longer-lived and less liable to disease and premature decline, than that made from flesh already partly worn-out by the animal.

History affords the record of greater longevity among those who abstain from meat altogether or who use it but sparingly, than among those who make it the greater part of their diet.

In the case of amputation alluded to, the person received an injury of the foot, followed, in a few months, by suppuration; abscesses formed upon the foot and ankle; this condition existed for nearly three years, when his health was fast declining, and amputation was considered necessary to save his life. Owing to his scrofulous condition, I ordered him to abstain from animal food entirely, and to use rice, beans, potatoes, tomatoes, fruit, bread, small quantity of butter, eggs, etc.,—in short, giving him the whole range of a fruit, farinaceous, and vegetable dietary, and discarding only the flesh and fat of animals. In about two months we amputated the leg, a little below the upper third, and found the arteries so diseased that the ligature cut entirely through them. We then enclosed the surrounding tissue with the arteries, and thus secured them from bleeding. The stump healed, we might almost say, by first intention, there being, I think, not more than a tablespoonful of matter discharged during the healing process. He now uses a cork-leg, with greater ease and freedom than others I see in this same vicinity, whose limbs were amputated by allopathic physicians, notwithstanding the oft-repeated injunctions given him, to not trust the operation in our hands, *for homœopaths were no surgeons*.

Notwithstanding the very general advice to "give beef to consumptives," I have proscribed it with all other meats with good results, I believe, in every case: having cured some with this regimen, together with Phos. Ars. and Stannum, who were confined to bed, voice feeble, who would expectorate more than half a pint of matter by 10 o'clock in the morning, and so offensive as to excite vomiting. I have disallowed meat in consumptive cases for a month, and then permitted them to return to it again. Invariably, on their return to a flesh diet, they have had an increase of cough and expectoration. Why? For the reason given, that fruits, vegetables, and farinaceous food, properly prepared, contain less of impure substances to be eliminated by the lungs, liver, kidneys, etc.

R. C. SMEDLEY.

CLINICAL OBSERVATION.

BY ADOLPH LIPPE M. D.

A CHILD, fifteen months old, was taken with diarrhœa, in the country, where the family were spending the summer. The child was reported to have a great deal of pain in the abdomen, very offensive watery stools, much thirst and frequent vomiting after drinking, great weakness, and very restless at night. One dose of Arsenicum, 10^m relieved the child very much, and he remained very comfortable for a fortnight, when the diarrhœa returned, but without pain, no vomiting, and stools less offensive. One dose of Sulphur, 63^m again relieved him for two weeks; the diarrhœa returned, worse in the morning, very little pain, stools small but loose, much rumbling in the abdomen before stool. One dose of Aloe, 2^c again relieved him, to return again. Insisting upon it that the nutriment of the child must be at fault, and upon cross-examining the nurse, I found the cause of the periodical returns of this diarrhœa. There was more indeed than an objective symptom; the cause of it was a cloth with which a copper kettle had been scoured, salt and vinegar being used for that purpose. The cloth thus used was thrown outside of the outhouse, where stood the cow which gave the milk for the child, and the attraction of the salt being stronger than the repulsiveness of the vinegar, the cow ate the cloth. The cow became quite sick: the child was fed on the milk of the cow, and became sick also, and this sickness returned periodically. I allowed the child no more milk from that cow: gave Saccharum lactis, and the child recovered.

(To be continued.)

SCALDING OF THE UTERUS.

BY ALEXANDER R. SHAW, M. D.

Mrs. C., the mother of several children, had been troubled for several years with prolapsus of the womb. Lately, her bowels had been very costive, and to relieve this condition she was induced, December 22d, to try the effects of sitting over a steam bath. By some mischance, the womb came down at that time, and was plunged, for about its lower half, into the hot water. I was then called to see her and found her very nervous and excited, the womb feeling torpid or dead, and a copious discharge of blood and watery fluid. I prescribed Bell. 3d, and *Urtica urens* 3d, a powder, alternately, every three hours.

December 23d.—She had been feverish all night; the watery discharge still continuing copious; she “feels bad all over.” Gave Bell. 3d, and *Cantharis* 3d. I gave *Cantharis* because I judged from the symptoms that there must be considerable irritability of the bladder.

December 24th.—A better night. The discharge is less in quantity, but thicker and smelling badly. The womb, which has been in place since the accident, came down this morning while the patient was at stool; the lower half, which was the part immersed, was liver-colored; the rest natural. Gave *Ars.* 6th, and *Hepar.* 6th.

December 26th.—The patient has been moving about. The discharge is still decreasing. She has an idea that it will result in her death: by mortification. In the evening of this day, I was sent for to come as quickly as possible, as she was thought to be dying. She said she felt strangely; first chilly, with numbness and coldness extending above the knees; stiffness of the neck and about the lower jaw; skin hot; pulse very small and intermittent; hands cold and blue to second phalanx; very nervous and frightened, and was positive that mortification had taken place. As I

considered this condition to be simply the result of *nervousness*, I reassured the patient and her family, and prescribed Aconite 1st. After a few moments she felt better, and in the course of a half hour, the attack seemed entirely checked. I then retired, after leaving another powder of Aconite, to be used in case the symptoms should recur.

December 27th.—There was no return of the above symptoms. She complains of feeling weak, but passed a comfortable night. The outer surface of the uterus has been destroyed to a depth of about the thickness of a thick orange peel; the line of demarcation is fully formed, and the destroyed surface is beginning to peel off, about the middle of the organ: in the region of the os, the injury appears to have not extended quite so deeply, and here, at several points, there is an appearance of healing. I gave *Ars.* and *Lachesis* alternately, four times a day.

From this time the case progressed favorably: the slough gradually coming away and being closely followed by reparation. As symptoms arose, they were met with remedies that appeared indicated. From the time the womb first came down, after the accident, I directed crude petroleum to be used as a dressing. Its odor and the staining it occasioned were urged against its use, but a few applications afforded so much relief that the objections ceased. From my limited experience with this agent during the past year, I am disposed to recommend its use in cases of burn or scald.

I am induced to publish the above case merely on account of its novelty. The danger, I conceived, consisted in the possibility of gangrene, or a destruction of the entire half of the viscus. As I had never heard of or read of a similar case, I endeavored to follow the dictates of common sense, and so treated it as a case of common burn or scald in another situation, at the same time watching carefully local and constitutional effects. Whether the course of treatment was the best and most judicious that could have been pursued, is a question which each one may decide for himself.

FIBRO-CARTILAGINOUS TUMOR WITHIN THE
UTERUS.

BY J. EMERSON KENT, M. D.

A LITTLE more than two years ago, I was requested to visit a lady, aged thirty, of light complexion, and of a marked nervous temperament, the subject of a fibro-cartilaginous tumor within the uterus. The tumor was in form ovoid, about as large as the head of a full time full size child, and presenting upon its superior surface well defined points of ossification.

The patient had, for three preceding years, been under the treatment of an eminent practitioner of the allopathic school, during the whole of which time the tumor had constantly increased in size: but its growth had most *rapidly increased* within the *last six months* of that time; indeed, its size had more than doubled within the last named period. A suggested operation determined the lady to make a change in her treatment.

A full examination of the patient, yielded the following as the most marked and the most troublesome symptoms: constipation, the stool hard and insufficient, with great tenesmus; frequent urging to micturate, with small discharges; intolerable drowsiness by day; night sleep much disturbed by strange, weird and fantastic dreams, out of which she woke up with a start; acute, stitching pains down the thighs, never extending below the knees; face pallid, eyes sunken, and features expressive of deep anxiety.

Guided by these symptoms, I gave her Spongia, 30, one powder daily, for three days, with three powders of S. L. daily; after the use of which she continued S. L. four times daily. The above symptoms were gradually relieved, and had wholly disappeared within the first month.

At the end of the fourth month she complained of the following symptoms: a return of the day drowsiness, par-

ticularly in the early part of the evening, accompanied by shocks or twitches in the lower extremities; and intolerable sense of emptiness and exhaustion at the pit of the stomach, with pressure in the lower abdomen ascending to the stomach, which, she says, seems to cause the *all gone* sensation therein; these symptoms are aggravated by ascending the stairs, with superadded severe oppression of the chest.

I now gave her Sepia, 30, one powder daily for three days, with the S. L. as before, and which were in like manner continued. The symptoms were gradually relieved, and in about three weeks wholly disappeared. An examination of the tumor, made at this time, revealed the pleasing fact that it was *certainly reduced in size*, whilst its general structure had become softer and more elastic. The menses, which had for nearly two years past been gradually diminishing, until they had become little more than "a show," were already much increased in quantity, and their pale watery character had given place to a discharge much more nearly normal; indeed, the patient remarked that "she had not felt as well for years."

About the middle of the eleventh month of the treatment, the following symptoms presented: a sense of coldness with swelling of the lower abdomen: great anxiety in the evening, for which no reason could be assigned, accompanied with a sense of shuddering, and a realization of more or less painful pressure within the uterus.

I now gave her Calcarea, 2^c, one powder daily for three days, with the S. L. as before. The general symptoms were soon relieved; but on the thirteenth day after the use of the last powder, the painful pressure within the uterus was greatly aggravated. At the time of the ensuing period (one week later), the painful pressure seemed to have reached its culmination, and developed a largely increased flow; indeed, it had now reached its earlier and healthy quantity. Upon the subsidence of this monthly evacuation (which continued

fully seven days), all trace of the pains left her, as she remarked, "as by magic."

At this time the S. L. powders were commenced night and morning only; nor has she taken any other medicine since the *Calcareo carbonica*, for the simple reason that I have not seen any indications therefor.

An examination of the tumor, made eighteen months after the commencement of the treatment, proved that its size had been reduced nearly, if not fully, three-fourths; and that it was then about the size it had been before its rapid growth, in the six months preceding my first observation of the case; thus evidencing the fact that the *latest formed* portion of the abnormal structure has been the first to disappear.

The lady is now in the enjoyment of, to use her own words, "splendid health." Her personal appearance is much improved, and her physical functions are all actively and normally performed. The menses are regular, full, and painless, and in the bounding gratitude of her emotional life, she says: "I am satisfied should I never gain any more, the progress of my tormentor has been arrested, and its size very largely reduced, and I now no longer dread increase of its size, or the terrible prospect of a future operation."

During the past six months, the same marked change in the size of the remaining tumor has not been so apparent as in the earlier progress of the case. The earlier formed structure will, without doubt, prove more stubborn and unyielding; but I entertain the confident assurance that time, patience, and the exhibition of such remedies as the further development of symptoms may indicate, will entirely crown Homœopathy with the circlet of complete triumph over this usually unmanageable disorder.

I may, in another paper, give the views I have long entertained, and to my own convictions verified, of the most commonly inducing cause of the formation of fibroid tumors within the uterus.

POTENCIES AND DOSES.

BY REV. C. P. JENNINGS.

POTENCY, dynamization, attenuation—which term shall we use? Substances, inert when crude, become, when attenuated, remedies having intense and profound action. Has the process of attenuation developed power? And does further atomizing augment power? If so, then we may rightfully describe the process as a potentiation.

But this is conjecture only. It is sufficient to say, that power lies in the crude mass; attenuation liberates it: supplies the conditions needful to the manifestation of the latent power; puts the molecules of the drug into such relations and form, that the minute nerve-filaments are able to appropriate them. Attenuation is the better term. It expresses no more than the fact warrants. It leaves open to investigation the rationale of the fact.

Attenuation reveals power. But where is the limit? The thirtieth attenuation acts with more intensity than the third; the two hundredth surpasses the thirtieth. Still greater efficiency is claimed for infinitesimals which defy Arithmetic. Where shall we stop? The question is unsolved.

The more subtle an influence is, the more certain, profound, and enduring is the effect. It is thus in the world of mind. Analogically, we might expect it to prove true in the animal sphere. We have found it to be a law in medicine. But we have not arrived at the vanishing point. At what stage of the attenuating process does power fail? To dogmatize is unscientific. Experiment must solve the problem. The *dictum* of the pharmacist is not a finality. The two hundredth does not close the scale. Dissolve an ordinary dose (six pellets of size No. 1), of the two hundredth attenuation in a half glass of water: administer teaspoon doses at proper intervals. A very few doses will

gratify you with the recovery of your patient. You would have given, undissolved, the full *quantum*: dissolving it, and therefore attenuating it, you have effected the cure with an almost inappreciable fraction of the original dose!

The miasmata, which are supposed to produce disease, how finely atomized are they? Who can tell? They are imponderable: inappreciable by the senses; yet, they impress the nerve-centres with fearful effect. The microscope may detect animalculæ, and vegetable fungi, sometimes; but whether they constitute the morbid agency, or are the product of it, or have it as their habitat simply, is unknown, and will long remain undecided: nor would a decision affect the fact that the infinitesimal miasmata produces disease, if it be a fact.

When the microscope shall disclose the most delicate modifications of cell-nuclei; when physiology shall ascertain the minutest laws of cell-life: when the finest nerve-fibrilla shall reveal the limit of its capacity to receive and propagate influence: then, and not till then, will this question be answered. And even then it will remain to determine the vanishing point of each remedy for itself. Some can be carried much farther into the infinitesimal regions than others; and it may be that some must attain a tenuity not yet reached before they can yield up medicinal power. Certainly, it does not become a homœopathist to recalcitrate and sneer at such *postulata*.

It may be thought that the question as to the limit of attenuations is idle. But no fact is useless; it may be of the last importance. The experience of our school has taught us that, oftentimes, the higher the attenuation the quicker, safer, and more thorough is the cure. What if this should prove to be a law? Will it be said that low dilutions have succeeded where the high had failed? But, the failure may have been due to the dose; or, to the repetition of it. Large doses, frequently repeated, are likely to produce aggravations and new complications. A second dose may interfere with the curative process set up by the first dose: you

change to a low dilution, whose action is not so intense and profound: the patient mends: the improvement may be due to the low attenuation; but it is possible that the higher, undisturbed now, has reasserted its power, and inaugurated the cure. The failure of a high attenuation, when well chosen, is often due to an excess in the dose and in the repetition. The careful observer has seen this in his own practice. An abortive prescription should lead the practitioner to inquire, 1. Is the drug the *similimum*? 2. Is the dose adjusted to the susceptibility of the patient? 3. Is the interval between the doses properly regulated? Let us suppose that all the surroundings are favorable. You may not rely upon a high attenuation unless you have selected the remedy with precision. If, then, you fail, a nice observation will probably detect the reason in the magnitude of the dose; or, in frequent repetition, or, in both. We are too much under bondage to old physic; and, therefore, proceed upon the maxim, "the more of a good thing the better." Hahnemann and his first pupils gave doses exceedingly minute, and at protracted intervals. They had a success, which their disciples of to-day do not rival. Observation and experience convince me that brilliant results are proportioned to the fidelity with which we adhere to the principles of Hahnemann; the *similimum*, the single remedy, the smallest dose, and the high attenuation.

It is not denied that cures are accomplished with low dilutions. Provers have been agreeably surprised to find chronic ailments disappearing as they wrought out the pathogenesis of crude drugs. Old physic cures. The tyro in our school will often astonish old physic. The third dilution, in our hands, dwarfs the best achievements of the heroic school. But our literature glows with the splendor of therapeutic conquests obtained by the highest infinitesimals. They have been tested in cases acute and chronic; temperaments fine and gross; constitutions firm and shattered; the babe and tottering age; and the results have so uniformly excelled all other treatment as to suggest the strong proba-

bility of establishing this General Law, the higher the attenuation (below the vanishing point), the quicker, safer and more thorough will be the cure.

Cures are accomplished with attenuations of all grades; with doses large and small; repetitions frequent and infrequent; with the single remedy, and in alternation; what are we, therefore, to conclude? That grade, dose, and repetition are of no importance? But there are gradations in cures. Out of all the chaos, there rises the significant fact that high attenuations cure more quickly than the lower, and leave the patient in finer condition; while they, in turn, are vastly more beneficent than the crude drug.

The higher the attenuation, the more directly do you antagonize the morbidic *status* of your patient: so much the less do you disturb, while aiding, the nerve-force as it seeks to regain its normal control of the cell-processes. Disease is a *unicum*: the remedy should be, not the *simile*, but the *similimum*. Let no one judge this to be impossible to himself. It demands, with full faith in the homœopathic law, careful, patient observation only. But it must have these. The careless, the unobserving, the timid, and the unbelieving cannot find entrance into the *penetralia* of the temple. They walk the outer courts; or, mayhap, stand as only "proselytes of the gate."

In practical application of the law, we must bear in mind certain controlling principles.

1. Different localities, seasons, years, and morbidic causes; no less than diverse temperaments, ages, sexes, and modes of life, call for corresponding remedies.

2. Medicines have affinities. Being about to prescribe, there is necessary, first of all, a delicately accurate diagnosis, that you may individualize the case. What organ is chiefly, or idiopathically affected? What tissue of that organ? In what manner? Having ascertained these, you call to mind the group of drugs which have been pathogenetically proven to have affinity for the diseased organ: then the group affecting the particular tissue involved:

then the members of the group which are capable of producing similar manifestations of diseased action: differencing these by a sharp discrimination.

3. Repercussion of exanthemata, psora in the restricted sense, sycotic, syphilitic, traumatic, and mechanical causes of morbid phenomena, do not permit the organism to indicate the appropriate remedy. Key-notes will fail you. Such causes become centres generative of morbid influence. They must be mastered. But this is true of a limited number of causes, only.

Patients are relieved of Cholera, of palludal fevers, and such like affections, while the generating cause remains in full vigor in the atmosphere. Except the list named above, we do not need to strike at the cause of disease: nor to wait for pathological indications to become more distinctly pronounced by means of morbid productions.

4. It is not always necessary to give medicine. If not required, its administration introduces into the system a foreign element: nature will seek to eliminate it: hence, commotion, disturbance, mayhap disease. Oftentimes, hygiene is sufficient. The expectant method is not without fine results.

5. If medicine is needed, an inappropriate drug may do much harm. It may so fasten disease upon the affected tissue, and give it such a type, that a cure becomes difficult, and extremely problematical. Time will be gained by delay in order that you may study the case. The patient will be gratified with your caution and care.

6. Every case of sickness is likely to show some peculiar symptom, objective, or subjective. It is the signal of distress, hung out by Nature. Happy is he who knows how to interpret the signals of Nature. Remedies have their characteristics. Match the characteristics of the disease with a medicine corresponding diacritically, and you may administer the highest attenuation with confidence.

"The genius of the medicine antagonizes the genius of the disease."

7. Disease has its ebb and flow. It is often paroxysmal.

At its full tide you may be powerless; or, at best, can only mitigate its fury, and prevent disaster. But, when it has spent itself for the time, and ebbs, and is gathering its forces for another onset, you may strike with greatest effect. It has been found to be an excellent rule, in respect to repetition, to give a dose immediately *after* every paroxysm. Often has it occurred that one dose only was required. The expected next paroxysm concluded upon an indefinite postponement, acknowledging defeat.

8. Convalescence may have an ebb and flow. Incautions repetition, or change of medicine, or error in regimen, may arrest it altogether. To re-establish it may be difficult, and even impossible. The lesson is obvious. It is here that empirics, sciolists, and charlatans in our school become entangled, and betray themselves.

9. The *Materia Medica* is not perfected. Many peculiar manifestations of disease have no responsive characteristics in the *Materia Medica*, as yet. Progress must be urged in this direction. In the meantime, such cases must be treated on general principles, having regard to the dyscrasia, the time of life, the evolutions going on in the system, and such like conditions.

To illustrate: a lady complains that, as she walks, the gravel in her path seems to arrange its pebbles into straight lines radiating from a centre, moving forward as she moves. Whenever she closes her eyes, there appear circles of purple light edged with gold. In vain will you search the *Materia Medica* for answering indications. You must treat the case on general principles.

A patient has a malignant or pernicious intermittent. External heat, internal chill, and perspiration, contemporaneously: perspiration now hot, now cold, in rapid alternation, and so profuse as to drench him: violent thirst for ice-cold water: pulse almost gone. The *Materia Medica* has no similar combination, nor characteristics corresponding to those which are chief in the case. Disease is a *unicum*: there must be one medicine, which is the *similimum*, you

reason *a priori*. But it has not been discovered as yet. You have no time to experiment. What are you to do? Decide quickly; or, the patient dies. Moments are golden. You resort to low dilutions; or, crude drugs; quinia, mayhap, 1st trituration, or crude, in one to three grain doses. You save him, but it is an extreme case; and it furnishes no justification for a uniform resort to crude drugs, low dilutions, rapid repetition, appreciable doses, and multiplex alternations.

10. No *Therapia* can be infallible. A divine curse rests upon our world in righteous judgment for its apostacy from God. "Dust thou art; and unto dust shalt thou return." No skillful application of the most advanced science will ever reverse this decree. *Homoeopathia* does not assert such power. But it is demonstrated to be, of all systems, the one most favorable to longevity. It recovers the largest percentage of the sick, in the shortest time, in the blandest and safest manner, with fewest sequelæ of disease, with remotest liability to relapse.

In the coming millennial age, the antediluvian longevity will be restored. "The child shall die a hundred years old." "For, as the days of a tree, are the days of my people." This were a sheer impossibility under the *regime* of the heroic school! *Homoeopathia* shall be regnant in that age! Its discovery is one of the manifold preparations of Divine Providence for that day. It could not have come into existence at a more favorable juncture. At an earlier day, in the chaotic condition of the cognate sciences, it could not have been accepted. They, advancing, minister to Physiology. Physiology perfected, will give to *Homoeopathy* the empire of the civilized world.

PULSATILLA IN MALPOSITIONS OF THE FŒTUS.

BY MERCY B. JACKSON, M. D.

Since my discovery of the use of Puls. in changing unfavorable positions of the fœtus, before the water sack was ruptured, I have published seven cases in which it was successful, and I will now record four more.

December 23d, 1867.—Visited Mrs. M., an American woman, about thirty-five years old. Found her pregnant in the last week of the seventh month. She complained of the disagreeable effect of the motions of the fœtus. Also of its lying so low in the abdomen as to be very uncomfortable.

Examined by listening for the foetal heart; found it on a line with the umbilicus, or slightly above, a very little on the left side. The back was down; the head seemed to be on the right side of the mother; the upper part of the abdomen was soft, and contained no part of the fœtus. Gave her Puls., 30, five pellets in half a tumblerful of water, to take one spoonful three or four times daily. I gave the Puls. thus early, in order to ascertain whether the change could be produced so long before parturition, and also to relieve the mother from the unpleasant effects of the motions in the present position of the fœtus.

January 11, 1868.—Found her feeling better, and less disturbed by the motions. On examination, found less fullness in the lower part of the abdomen, the upper part fuller, the head moved up and toward the left side, the heart a little changed in position. Think the version will be made before the time of travail. Continue Puls., which had been discontinued to take something for a cold.

January 27, 1868.—From this time, her son, about five years old, and her only child, was sick with Scarlet Fever, up to the time of her accouchment, and having only recovered so far as to relieve anxiety for his life, all interest cen-

tered in him, and no further attempt was made to change the position of the fetus.

On the 21st of February, she was delivered of a son, by the feet. This is the only instance in which I have attempted, and failed, to produce a complete evolution: and in this case, a change was made from a trunk to a foot presentation, nearly two months before delivery. I have no doubt that Puls. given the last week would have completed the work. But I give the case from my notes, taken at the time, thinking it right to give the failures, as well as the successes.

January 3d.—Called on Mrs. P., primipara, in the last of the eighth month of her pregnancy. On examination, found the child in the breech presentation, the heart beating about two inches above the umbilicus, a little to the left. Gave her Puls., 30, five pellets in half a tumblerful of water, to take one spoonful every morning, noon, and night.

January 16.—Visited her. Found the child in a more favorable position, and left her Puls. again, as before.

January 24.—Was sent for. She lived some ten miles out of town, and had been delivered the night previous by an accoucheur in the neighborhood, and the child born by the head, in a rapid and natural labor. In these two cases, I tried to see how long before parturition the evolution can be made. I have since tried some time before, in two cases, and have found that the nearer the time of parturition the quicker it is done.

September 28, 1868.—Called on Mrs. T., the same lady on whom I first tried, and succeeded in producing evolution by Puls., in her eighth pregnancy. She is now forty-eight, a small delicate woman, of highly nervous temperament; had puerperal convulsions after her sixth and seventh confinement, and has had, for the last year, loss of consciousness, with spasms coming on during sleep, of which she was wholly unconscious after recovering.

On examination, which she requested, saying she "did not feel natural, and she thought the child did not lie right,"

found the same position as in her former pregnancy; the heart beating about two inches above and a little to the left of the umbilicus, the back of the fetus to the mother's back, the small parts in front. I gave her Puls. 30, as before, three times daily.

Called on her October 19th. Found the fetus moved somewhat in the right direction, but not yet sufficiently changed to make me feel easy about her. Gave her Puls. 2^c, then, fearing that the 30 would not do the work, and especially on account of her extreme sensibility, for which I thought the 2^c better fitted.

October 30.—Called again, and to my great joy found the head down, and returned home relieved of all anxiety.

On the 1st November, was called to her at half past 6 p. m., and she was delivered at 9 $\frac{1}{4}$ p. m., of a fine girl, by the head.

October 9, 1868.—Was called to Mrs. M., a primipara, about twenty-six years old. Found her with her nurse and friends, expecting her confinement that night.

During the interval between sending and my arrival, the pains which had been severe, ceased, and on examination found the mouth of the uterus closed; could not feel the head, nor indeed any part that could be recognized, and although she was very large, there seemed to be a vacuum in the pelvis.

On farther examination by the ear, found the heart beating nearly on a line with the umbilicus, the head on the right side, the back upward, lying across the abdomen. I gave her Puls., 30, five pellets in half a tumblerful of water, one spoonful every two hours.

October 24.—Found some favorable change in the position. Continued Puls., 30, as before.

October 27.—Found the head down, and felt no further anxiety.

On inquiring after her health, she said "I have had very little pain, but a great commotion;" the only words by which any one has described her feelings during the evolution.

Not all have felt the commotion, but those in whom the evolution has occurred, in from one to three days after taking Puls.. On the the 22d of November, I was summoned before breakfast, and found her in travail, and at twenty-five minutes past 3 P. M., a fine girl was born.

The placenta adhered to the fundus uteri, by almost its whole surface, and was attached by two strong cords as large to the touch as a small rye straw: and after waiting two and a half hours in hope to detach it by the aid of medicine, thought best to remove it, which I did in small pieces, and with care she had a fine recovery, only having indications, on the fifth day, of metritis, which soon yielded to Nux. vom., 30, a few pellets in water, a spoonful every two hours.

I have given the above cases, with the minutiae, that those who are willing to receive truth may have an opportunity to test my method in their own practice.

I do not think it best to give Puls. till near the time of parturition. My experiments in that way have been more successful than when given earlier, as it requires a longer use of it when given at the seventh month. I do not doubt that some cases will resist the action of Puls., but the "exceptions prove the rule," and having now had ten successful cases, and only one which was partially so, with no entire failures, I feel the greatest confidence in Puls. to change all unfavorable positions, when used at the right time, and in the right way. I hope that those who try this method will report minutely the cases, whether successful or not, that the truth may be elicited for the sake of suffering women.

I have received a letter from a doctor in New Jersey, detailing an interesting case, in which he *believed* that evolution was produced by Puls., but regretting that he had not made so careful an examination previous to delivery, as to be able to assert positively that it was so.

Want of careful examinations, is I think one reason why my method is not tried by men. The unwillingness of women to permit such examinations is undoubtedly one

obstacle in the way, and is also a strong reason why this branch of medical practice should be thrown into the hands of women, when there are such well qualified for the work.

Allow me once more to call the attention of those officiating as high priests at the altar of life, to the importance of making the necessary examinations, and when there is a possibility of avoiding human suffering by the simple method I have proposed, to try it faithfully and conscientiously, and report success or failure, with no desire but that of advancing light and truth, and helping to alleviate human suffering.

HIGH POTENCIES.*

By J. H. P. FROST, M. D.

* * * *Incerta hæc, si tu postules
Ratione certa facere, nihilo plus agas.
Quam si des operam, ut eam ratione insanias.*—*Terence.*

"Things thus uncertain, if by reason's rules
You'd certain make; it were as wise a task
To try with reason to run mad."

There are things, certain, and things uncertain—neither mutually correlated nor reciprocally convertible—the former mostly mathematical, president over a few things in the kingdom of nature; the latter, principally moral or rational, made ruler over many things. Reason has little to do with absolute certitudes; judgment still less. In most of the affairs of life, getting things done is of less value and consequence than the doing of them; even as acquiring an education is at once different from and superior to the acquisition of knowledge. Less obviously, perhaps, but not less truly does this apply to the practice of medicine; for however important the saving a single life may be deemed, it is after all of still more importance that the physician, by such experience, become capable of saving many lives. The pertinency of these remarks to the subject under consideration, as Capt. Cuttle would say, "consists in their application." And if there is a veritable "certainty in medical practice,"

* "List of Remedies," in 200th Potency; by A. J. Tafel.

as recently argued by a well known writer,—* it is that rational certainty which pertains to the exercise of sound judgment, rather than that which results from geometrical demonstration.

In many cases—not excepting those most critical and dangerous—it is comparatively easy to determine the *remedy*. Not, indeed, by the numerical collocation of symptoms without regard to their cause, their significance, or their relative value; for some judgment must be exercised here, as in all other serious concerns. Where we find no remedy to cover all the symptoms (as is often the case), we must especially regard those which are most important, those which are characteristic, peculiar or predominant, those which were the *original symptoms*, or even those belonging to a previous and long passed condition of the patient.†

The remedy having been determined, the next question is, what is the *potency*? Here, indeed, we need experience, which alone can enable the judgment to decide which preparation is best suited to each particular case. For no *a priori* “reason’s rules” can be laid down for all cases; while if our own experience is insufficient, we can avail ourselves of that of others. Still, some general principles, in this connection, may be considered to be tolerably well settled by the concurrent observation and experience of numerous physicians, who do not deem it wise to restrict themselves to any one potency in all cases of sickness and classes of patients. These may be condensed in a single statement expressive of the superior efficacy of the high potencies, for infants: in disorders of some particular organs, such as the eye and brain; in certain forms of general disorder, such as nervous, or typhoid fever; for persons who have been previously drugged under allopathic, eclectic, or mongrel treatment; and finally, and most important of all, for those in whom the vital powers have been much reduced by disease,—whose hold on life, like a slender “silver cord,” is easily broken. In these latter cases, it is well known that the vital flame may be nursed by the gentle influences of the most delicate homœopathic medicines; or extinguished forever by the rude blasts of more grossly powerful drugs.

* A. E. Small, M. D., *U. S. Med. and Surg. Journal*, July, 1868.

† In illustration of this, see Dr. Dunham’s report of a remarkable cure by *Mec.*, which was indicated only by its exact correspondence to a *Uinea scantis*, whose “violent removal by nitrate of silver” was the cause of deafness of thirteen years duration. *Am. Hom. Rec.*, Vol. I., p. 23.

This will be understood by those who have been compelled to witness the agonies caused by the exhibition of the lower preparations of *Arsenicum* in children dying with heart disease; or the fatal suffocative attacks occasioned by similar doses of *Sulphur* in the last stages of pulmonary phthisis. The wonderful efficacy of the high potencies in desperate cases, is well illustrated in the cure of a patient in the advanced stage of cholera, with *Verat. a. 2^c*, as related by Dr. Lippe, in his published lecture on that disorder.

The particular forms of disease already indicated, especially suitable for high potencies, belong to the class generally termed *acute*. That the opposite or *chronic* class as a whole is no less adapted to this kind of homœopathic medication, is admitted by many who have not yet learned its use in acute cases. And I doubt not that numerous homœopathic physicians have seen, in this variety of patients, cures made with a few doses of a high potency, which had been in vain attempted with many doses of the low.

For my own part, if I have hitherto refrained from entering at any length on the question of the "dose," or potency,—for the terms have been used synonymously,—it has been from the pressure of other themes, and the consciousness that this was being discussed by practitioners of more extended experience; rather than from any want of interest in the subject or of faith in the superior efficacy of the most highly developed homœopathic preparations. To these, indeed, I have often referred as substantial medicines, whose dynamic virtues afforded the most splendid proofs of the homœopathic law.* But as the law of the similars was developed by induction from observation and experience, not "discovered" or arrived at by *a priori* ratiocination; so the dynamic and relative virtues of these *higher* and *highest* homœopathic preparations are matters to be established by separate observation and experience,—and not by any means to be affirmed *a priori*, or deduced from the already established law. Although always desirous of adding my testimony, I have waited, in part, for a convenient season, and partly for that larger accumulation of experience which would render the testimony itself more worthy of confidence.

The former extravagant price of some "high potencies;"

* Homœopathic principles are as truly illustrated by the action of the 12th and 30th potency, as by the 200th or the 600th; but not so strikingly, the contrast being so much greater in the latter instance.

the still-remaining uncertainty as to the mode of their preparation: the previous impossibility of procuring the actual dilutions (liquids) even of the 200th, at our pharmacies: and the doubt and distrust which naturally infected the minds of many with regard to medicines transferred and "grafted" (whatever that may mean), by inexperienced persons, have all combined to bring the high potencies into disfavor with those who never used them, and to awaken grave apprehensions as to their future credit *and that of Homœopathy itself*—as intimately connected with and responsible for these so-called homœopathic preparations, in the minds of those who most highly esteem them.

From such considerations, I learned with delight that Mr. Tafel was carrying a large number (250) of the remedies up to the 200th potency, strictly on the *centesimal scale*, and that he would sell the *dilutions* themselves at a reasonable price. My strong interest in the whole subject, and confidence in Mr. Tafel's personal and pharmaceutical integrity, founded on an intimate acquaintance of some years, determined me to order these "dilutions" as fast as they could be prepared; to use them as extensively as possible in my daily practice, and to make a report thereon. The length to which this paper has already extended itself, will prevent my presenting, even in the briefest manner, more than a few of the cases which might be culled from my note-book. And I can only state in general terms, that I am very much pleased with these new preparations, and that in numerous instances they have proved themselves highly efficacious. The following cases are intended rather to illustrate this efficacy, than to exhibit remarkable cures.

The following are selected from numerous cases in which the 200th potencies, recently prepared by Mr. Tafel, have acted promptly and efficiently.

1.—Miss S., a fleshy lady, aged about sixty, constitutionally predisposed to nervous apoplexy, fell (Tuesday, Nov. 3d), from the head to the foot of a long flight of stairs. Although these were carpeted, she was of course very seriously injured, but no bones were broken. While more or less bruised all over, her principal injury appeared to be contusion of the left side of the head,—near the top of which was also a small cut made by the fragment of a plate she was holding in her hand.

Under the influence of *Arnica*, externally and internally, she had so much recovered by Thursday as to sit up in bed

and receive her friends. The exertion proved too much for her. She became very much worse in the evening, and passed a restless night. Friday, P. M., I found her unable to sit up, or to raise her head from the pillow; the least movement in either direction making her very sick and faint. Her head was very painful and sensitive; she was much frightened; apprehensive lest her brain become affected. More with reference to her apparent symptoms, and to the consequences (effusion) which I feared might result, than to the immediate cause of all, I gave her Bry. 2^c.

Saturday, A. M.—She appeared a little better, having passed a more quiet night; and there was less fever and nervous excitement. In consultation with Dr. Detwiler it was determined to continue the Bryonia through the day; but to return to the Arnica at night, unless the improvement shall then be proved satisfactory. In the evening, therefore, she got Arnica 2^c in water.

Sunday, A. M. She reported that the medicine relieved her immediately, and so sensibly that she declared she could *taste it*,—which she never could do with homœopathic medicine before! She had rested much better; could raise her head a very little when holding it compressed with both hands, and her mind was relieved of apprehension. Under this remedy she improved steadily, and made a good recovery; although, on account of her age and previous infirmities, it was several weeks before she was able to leave her bed. It was evident to me that (without reference to the cause, and with reference to a possible effusion), the Bryonia much more fully covered all the symptoms. But its failure, and the prompt relief and perfect cure obtained by Arnica, showed at once the fallacy of my pathological supposition (of secondary symptoms of effusion), and the still predominating influence of the primary cause.

The history of this lady's case, contains matter of still further interest. She had always suffered with very distressing nausea and sickness when travelling even in the cars: a condition which indicated great debility of the coeliac ganglia. In her journey hither from H., some eighty miles, a few days before the occurrence of the accident, she had made free use of Humphrey's (Hom.) Specific for Sea-sickness, in order to relieve this very distressing nausea. This medicine, as is well known, is principally, if not entirely composed of Cocculus. The abuse of this paralysis-producing drug had two or three times given her a temporary

loss of power in her lower limbs, and less noticeably so, in one arm and hand. While the immediate occasion of her fall was the sudden "giving way" of one leg just as she reached the head of the stairs she was about to descend. With a few powders of *Nux v.* 2^o, and the injunction to avoid this (in her case very dangerous) remedy for sickness in travelling, she finally returned home in good spirits.

II. Mrs. C., a young mother, of light complexion and delicate constitution, who had had diphtheria, and was frequently subject to hoarseness, while nursing her first child experienced the almost total loss of milk from the fatigue of watching and anxiety during the severe illness of her babe. This secretion which had quite disappeared for at least two days, was restored in twelve hours by a few doses of *Causticum*, 2^o.

III. Miss C., aged twenty, when just beginning to recover from a severe attack of typhoid fever, towards the close of which she lost an enormous amount of blood from the bowels, by three successive hemorrhages in twenty-four hours,—was seized with daily chills, dry cough, hectic fever, headache, and perspiration, *with coldness, swelling and severe pain in the lower extremities*. She lost all appetite, became still further emaciated, and was reduced so low with symptoms so imminent of "quick consumption," that her condition appeared utterly hopeless. Under the influence of a few doses of *Sulphur*, 2^o, and subsequently of a still higher preparation, she made a complete recovery, is now able to work, and has no cough.

IV. Mrs. T., a widow lady, aged about fifty-three, of sanguine nervous temperament and auburn hair,—has had sixteen children, of whom nine are now living, the youngest nearly grown up. This case of bronchial "consumption," of five years standing,—began with *catarrh* of the head, which extended itself into the bronchia. She has also been subject to attacks of *arthritic rheumatism*, with which she has now been confined to her bed for ten weeks. This patient's condition has always been aggravated by a persistent and almost complete *anorexia*; living principally on milk, and barely taking sufficient of that to support nature. A helpless invalid, afflicted with various and ever changing, but never curable forms of disease, and all the time maintaining the feeblest hold on life, her system responds beautifully to the action of these 200ths,—of which she requires one or another according to the different conditions of the case.

When first attempting to sit up a little, after spending two months in bed with rheumatism, she experienced *chilliness in the back*, with sore throat in the evening, without thirst with the subsequent fever. Capsicum 2^c relieved these symptoms; but they returned, and were *dreadfully aggravated* by an unfortunate dose of Sulphur, 2^c.

Her condition was pitiable in the extreme; in addition to her ordinary cough, and present rheumatic sufferings, she suffered with most *intense heat, shortness of breath, sleeplessness, and most distressing flushes of heat*, in the evening and at night, after having the chilliness in the back in the afternoon. This group of symptoms was a little ameliorated by Aconite, but entirely removed by *Calcarea, c. 2^c*.

In the *acute, bronchial attacks*, which frequently supervened upon the old bronchial catarrh, and which were marked by difficult expectoration of transparent (frothy) viscid phlegm, *Kali bi. 2^c* gave great relief.

The painful rheumatic swelling of the hands and wrists, which had to be wrapped in raw cotton and covered with oiled silk, was sensibly relieved and removed by *Caulophyllum, 2^c*. But this remedy had no effect to arrest the development of the same disorder in the left thigh and entire lower limb. This latter affection, which came on at different times under the influence of the dry, cold north-east wind, and of the cold, wet storms, was greatly benefitted by *Rhod. c. 2^c*. In fact, from experiencing such sensible and immediate relief from most intense suffering, as above described, under Calc. c. and Rhod., this very intelligent lady, who had employed homœopathic physicians for years, declared that *she never before believed in Homœopathy, but now she did!*

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TREATMENT OF LEUCORRHŒA.

BY HENRY N. GUERNSEY, M. D.

1423 Chestnut Street, Philadelphia,
December 4th. 1868.

Gentlemen of the Hom. Med. Soc. of Central New York.

I HAVE been requested, in very flattering terms, by a committee appointed by your body to collect clinical experience in the treatment of *leucorrhœa*, to furnish a paper on that subject. Permit me, before proceeding further, to thank you and your committee for the honor you have done me.

I am informed that the disease in question has been thoroughly discussed before your society, in its *scientific* bearings; that its etiology and semeiology have been thoroughly reviewed; but that each paper presented stopped short of treatment; particularly of that special method of treatment which we will call *purely* homœopathic.

Pathology is simply the reverse of physiology. It is the dark side of the picture of health. The pathology of *leucorrhœa* is, of course, well understood, and yet I conceive

it to be possible that an erroneous view of it may be taken, which will, of course, lead to erroneous treatment, if the latter be predicated upon it. Leucorrhœa is, to my mind, a local manifestation of a constitutional disturbance, or *malaise*; as cancer or scrofulous sores are simply the out-croppings of deeply-seated, constitutional disarray.

Pathologists tell us that its pathologic manifestations are: "*hyperæmia, swelling, dryness at first, and afterwards increased secretion of mucus*;" but they do not tell us of the *vis a tergo*, so to speak, the force from behind which impels all this local condition. This force, this *causa occasionalis*, is to be found in the general disordered condition, constitutional taint, or other deviation from the right line of health. The *leucorrhœa* is the local manifestation of the *causa*, or the result of the *causa*, and the character of the discharge, the concomitant symptoms,—including those resulting from the severe drain of the system through the mucus discharge—and the *local* affection, make up an individual case of leucorrhœa.

With this view, my idea of correct medical treatment is, that the *patient* shall be prescribed for; the *totality* of the case shall be the thing to be combatted; and if we can discover an all-pervading or marked symptom, condition, or key-note in the patient, and can find in the pathogenesis of a single remedy, a correspondingly characteristic symptom or condition, we will, probably, find the totality of the one [the drug] in accord with the totality of the other [the patient], and the result will be—a cure. I am borne out in my view by success in treatment, and I may here remark that in consequence of this view, and the practical confirmation of its truthfulness, I hold it to be altogether unnecessary, inexpedient, and I may say harmful, to resort to local measures, even the application of pure water.

In a case of leucorrhœa, before medication is resorted to, careful inquiry should be made in order that it may be discovered whether the laws of *hygiene* are carefully observed. A word of caution to the patient, in this regard, may alone

suffice to effect a cure. It may not be amiss to here state exactly what I mean by a proper observance of the laws of hygiene.—External cleanliness should be most scrupulously observed, God's free, fresh air breathed, exercise suitable in degree and kind taken, diet freed from unwholesome, indigestible and stimulating food, and clothing adapted to the wants of the body, and not fashioned to suit the demands of folly. Not even tepid water should be thrown into the vagina; which is a self-cleansing organ. It is as absurd to swab out or wash out the internal genitals as to swab or wash out the œsophagus or the rectum.

I shall not, however, longer detain you by preliminary remarks, but shall pass at once to an exemplification of the

Treatment of Leucorrhœa.

Æsculus hip.—I always expect to cure cases of leucorrhœa with this remedy, and am not disappointed, when there are prominently, as concomitant symptoms,—great *lameness* across the sacro-iliac symphyses, so that walking is very fatiguing; it seems as if the back would “give out” at that point; the patient is unable to walk any great distance in consequence of this lameness and weakness. The first condition removed by æsculus is the back symptoms, and soon it is evident that the leucorrhœa is subsiding and is finally cured a few weeks later.

Alumina.—Leucorrhœa, before or after the menses. Transparent mucus is discharged in large quantities, *only during the daytime*. Acrid leucorrhœa. A very characteristic feature for the use of alumina is, *burning* in the genitals, and more particularly *in the rectum*. There is a want of action in the rectum, so that much straining is requisite to effect the evacuation of even a soft stool. Other concomitants may be: an inability to pass urine except when at stool; vertigo, everything seems turning in a circle: difficulty in swallowing, small pieces only can be swallowed; impaired sense of taste, everything has a flat taste or is tasteless, or tastes like straw. If alumina be given,

we will probably first find some of the concomitants disappearing; the vertigo is removed, the taste improves, the bowels are less sluggish, there is an increased ability to swallow, etc.; the symptoms disappear one after the other, and finally the leucorrhœa will begin to be affected favorably and will be entirely removed; being the last *symptom of the group*, to be affected. The dose should not be repeated often, particularly as improvement is noticed. The cure may be three months in being effected, but it will be complete, and there will be but little liability to relapse.

Ammonium carb.—Extremely acrid leucorrhœa; pain in the small of the back, a sort of gripping between the scapulæ. The patient almost always has headache after walking in the open air. She does not wish to talk, or to hear others talk. It is particularly suited to sickly, weak, delicate females, who are constantly resorting to the “smelling-bottle,” and who say it does them good. Sleepy and heavy during the whole day. She sleeps badly at night unless she retires very early; the later she goes to bed the greater difficulty she has in getting to sleep. If the leucorrhœal discharge should smell of ammonia, it is a positive indication for the use of the carbonate. As in the former case, we find, after the use of the dynamized drug, that some of the accompanying symptoms—whichever may exist in the given case—begin first to improve; the leucorrhœal discharge being the last to be affected;—but if the remedy is really indicated the cure is certain and will be complete, and the whole physical being of the patient will be greatly improved. The same advice in regard of repetition of dose, should be borne in mind. Remember the admonitions of Hahnemann, in this particular.

Arsenicum alb.—Various forms of leucorrhœa, in women who are very pale, with white, waxy appearance of the skin. They are very weak, so that even a slight effort fatigues them; they sleep badly, and have tiring dreams; in their dreams everything seems to “go wrong;” this worries and tires them so that they awaken more fatigued and un-

refreshed than when retiring. They are of a chilly nature, and require much clothing. Water, when drunk, remains in the stomach as a cold mass, so that, although they desire to drink, they have, in consequence of a disagreeable sensation, a dread of doing so. Amenorrhœa may likewise exist, and the leucorrhœa continue through the time for the menstrual flux. I am in the habit of prescribing for cases in which arsenicum is indicated, the 8^m potency, and have frequently witnessed the happiest results. If amenorrhœa has co-existed with the leucorrhœa, the menstrual function is completely established, and all goes on well, even after a single dose.

Belladonna.—Leucorrhœa, with colicky pains appearing suddenly and as suddenly vanishing. Paroxysms of pressing or bearing downwards, in the abdomen, as if the uterus would issue forth; with increase of leucorrhœal discharge at every such paroxysm; these attacks being most frequent in the morning. She does not sleep well, but lies in a half sleeping, half waking condition, throughout the night; a sort of semi-consciousness. Noise and bright light annoy her. Headache in the sinciput, affecting the eye-balls, so that they feel as if tired and strained; the eyes are dim. The urine is *very* yellow, and stains her linen like saffron water. Either constipation or diarrhœa, with shuddering during stool. My choice in a case having its main features similar to the above would be a single dose of *Belladonna* 4^m, I would then find that in a few days the patient's sleep had become natural and refreshing, her headache gone, the paroxysms of pain abating, and the leucorrhœal discharge gradually disappearing.

Borax.—A white, albuminous leucorrhœa, escaping with a sensation as of warm water passing over the parts, would remind me of borax. On inquiring more particularly into the case, I might find that the woman is very nervous, easily startled, can't bear a downward movement—as going down stairs—or riding on horseback. The least scratch of her skin gives rise to quite a sore. These symptoms, if

present, would convince me that it is a "borax case," and that medicine being given the whole condition is changed. If the woman has previously been sterile, she may soon become pregnant.

Calcareo carb.—Leucorrhœa having the appearance of milk, reminds me of calcarea. I may find as accompanying symptoms or conditions, that the patient menstruates too frequently, and that the discharge is too great; she presents the leuco-phlegmatic appearance: she speaks of her feet feeling as though there were damp and cold stockings on them; vertigo on going up stairs; awakes at three o'clock in the morning and is unable to sleep afterwards; she is very sensitive to cold air, feels as if she were "chilled through" at every exposure. Having ascertained from some or all these symptoms that calcarea is indicated, and finding the totality of the case under the head of that remedy in the *Materia Medica*, I give a dose of 1^m potency, and soon find that my patient is improving; one symptom after the other gradually passing away, until finally, at the end of two or three months, I find the menses recur regularly, and are proper in quantity, and that the leucorrhœa is gone. Unless improvement ceases, the remedy should not be repeated; it is best, in fact, to be sure that there is real retrogression before giving another dose.

Cantharis.—Leucorrhœa, in the form of a bloody discharge after urinating. Very frequent urging to urinate, with cutting and burning pain while urinating; the urine is discharged in small quantities, even in drops. The patient suffers from severe headache, which, she says, seems to be deeply seated in the brain; the headache is so depressing that it causes her to frown so that the face has the appearance of a distressed scowl. After I have given a dose of the 2^c of cantharis, for symptoms and conditions similar to the above, it is usual to find the first report to me is that urination is performed comfortably, then a little later and the headache has left, and in a few weeks, finally, the patient is quite well.

Carbo veg.—Profuse leucorrhœa early in the morning when rising. She complains much of itching of the parts involved, and which extends backwards to the anus, being very annoying. She is greatly troubled by flatulence, and an evacuation of “wind” upwards or downwards, affords much relief. She feels, after eating, as if she would “burst,” but this is relieved partially by eructations of gas. She is not in her usual good temper, feels irritable, and does not enjoy such things as she is in health very fond of: music, for instance, annoying her. After prescribing *carbo veg.* 8^c, for a condition of which the above is a fair photograph, I find the gastric disturbance is first bettered, then the moral symptoms are cured, and finally the local affection—leucorrhœa—is entirely removed.

Causticum.—When leucorrhœa occurs particularly at night, I usually think of causticum. I may find that the woman has a sickly look, a yellow face, and drooping eyelids, and is conscious of a disposition on the part of the upper lids to fall, so that an effort is required to keep them up. If these are present I am sure of a cure by giving the causticum 6^m, and find my patient soon looking better; in a few weeks she pronounces herself to be well and looks like a different being.

China.—Is an important remedy for leucorrhœa, and is indicated in such cases where the leucorrhœa precedes the menses, with pains pressing into the groins:—or when it is bloody, with an occasional discharge of black clots or of fetid purulent matter. The abdomen is often distended by flatus, and feels as if it were packed full of wind, but the escape of flatus in either direction *affords no relief*. The patient is frequently kept awake by a number of ideas crowding into the mind. In my hands, china 1^m always cures such cases completely, though gradually; the objective leucorrhœa being the last to disappear.

Cocculus.—Bloody leucorrhœa. The menses are irregular and scanty, and the intervals between the irregular periods are filled by the leucorrhœal discharge. In some

cases this condition has continued for a long time, the menses becoming more and more irregular and scanty, until finally there appears to be no menstrual flux, but only the leucorrhœa, which is constant. Clouded, confused feeling in the head, with aching pain in the forehead. She has a great deal of pain in the back, and often feels as if the menses were coming on. I give for such cases *cocculus* 2° or 8°, with completely curative results.

Conium.—A woman calls and informs me that she has leucorrhœa of white, acrid mucus, which causes a burning and smarting sensation. On questioning her I find that the flow of urine intermits—stopping suddenly and soon flowing again; there is constipation of the bowels, with frequent but ineffectual effort to stool; the stool when emitted being hard and scant. She has headache, and much *vertigo particularly when turning in bed*. The patient is of rigid fibre and with easily excited nerves; is of what would be called “close, tight build.” I am not disappointed in the result, after giving *conium* to a case like the above.

Graphites.—Here is a case for *graphites*. *Very profuse leucorrhœa*, which is often excoriating; sensation of weakness in the small of the back. *The discharge occurs in gushes*, by day and night. Menses scanty and delaying. Stools large, [sometimes very small,] hard and difficult, with some hemorrhoidal trouble causing a burning sensation. She feels so very weary that it is with difficulty she can persuade herself to perform her accustomed ordinary duties. She is very drowsy during the day, but does not sleep well at night. I give in such a case *graphite* 6^m. In the course of a week the patient feels less weary and sleeps better: the bowels become regular, and farther on, the *gushing* discharge gives place to a steady flow, diminished in quantity; this gradually subsides, finally ceases, and the woman is well: her menses, also, becoming regular as to time and quantity.

Iodum.—Is remarkable for curing such cases as are characterized by a discharge which corrodes the skin of the thighs, and the linen, even if the latter be new. The linen

when washed and dried, is full of fine holes, wherever it has been stained by the acrid corrosive discharge. The patient is very weak, and is much exhausted and "put out of breath" by ascending stairs. The effect of iodium 2^c [in one case 58^m was given] is truly remarkable. Even after a week the corrosive character of the discharge is less, the patient can move and ascend with more ease. In the course of six, eight, or ten weeks, she is well, if the case be curable. In one case of this kind, which came under my care, and which was complicated with disease of the left ovary, the patient died. *Post-mortem* discovered the ovary to be greatly enlarged and a mass of ulcerations, yet the leucorrhœa had ceased to be corrosive some time previous to her decease.

Kali bich.—This drug has cured a number of cases for me where the discharge was tough, and could be drawn out into long strings. I usually give 2^c with perfect success.

Lachesis.—Leucorrhœa before the menses, which stiffens the linen and colors it *green*. She feels *very unhappy* on awakening in the morning, or if she awakens at night. She feels chilly, at night, on retiring, and often has flushes of heat by day. These symptoms lead me to prescribe lachesis 4^m, and, *ceteris paribus*, a cure is effected in a reasonable time, the first announcement of a favorable effect being an improvement in the mental condition; the unhappiness giving place to cheerfulness.

Lycopodium.—Often renders good service in the treatment of this troublesome affection. It will be indicated when there is much itching of the labiæ at every menstrual period and during the leucorrhœal flow at the intervals. There is frequently, cutting pain in the abdomen, extending from right to left. Rumbling and commotion in the abdomen, as though fermentation was going on there; gurgling in region of left arch of colon; red sand is sometimes observed to be deposited at the bottom of the chamber-pot; the symptoms appear to be aggravated towards 4 o'clock in afternoon, amelioration taking place about 8 or 9 o'clock

in the evening; sensation of fullness, as if she were "full up to the throat," after eating but little. It is best suited to large women, of heavy build and thick set, of soft and mild disposition and leuco-phlegmatic temperament.

Mercurius sol.—Leucorrhœa most troublesome at night; with more itching, burning, smarting, and sense of rawness then. The urine has a strong odor,—like horse urine,—and deposits a sediment resembling flour or chalk. Scorbutic appearance of the gums. She is subject to sore throat; the tonsils are enlarged, so that she makes a fearful snoring or snorting noise at night, when asleep. In such cases I give a dose of merc. sol. 1^m, and the whole deranged condition is removed.

Nitric acid.—Leucorrhœa, coming on after the menses, either flesh-colored, green or fetid, reminds me of nitric acid. There is frequently *violent itching* about the genital organs, always coming on towards evening; sometimes when walking. Stitches in the vagina, shooting upwards. Brown urine, which has a strong, fetid odor, and stains the linen brown-colored. Desire to urinate, at night, with cutting pain in the abdomen. She cannot sleep after 2 o'clock in the morning. Attacks of epistaxis *at night*, never coming on in the day-time. She suddenly awakens at night from a sound sleep, greatly startled at some frightful imaginary event. She takes cold easily; the cold aggravates the leucorrhœa and the itching of the genitals. Recently, I was a whole year in curing a bad case of leucorrhœa in a lady, *act.* 55, with the following concomitant,—vomiting of bile every night. I gave *Sepia*. Here the leucorrhœa was first removed, the vomiting still later, and the general health greatly improved, solely under the use of that medicine.

Nux vomica.—Fetid leucorrhœa, staining the linen yellow; also for a variety of forms of leucorrhœa, hardly describable. Sensation of weight or heaviness in the region of the neck of the womb, with soreness: rising up or sitting down causes distress in that situation. Constipation, difficult stools, but large. Frequent urination, with scald-

ing; the urine deposits a brick-dust-like sediment. Frightful dreams. She awakens at 4 o'clock in the morning, and after awhile falls asleep again, to awaken later in the morning, feeling worse from having slept,—or, on the contrary, she cannot get to sleep again, and after an hour of useless turning and tossing must rise to find relief. The appetite is not good, and there is a sense of heaviness in the stomach after eating. Dry and hacking cough, with a sense of oppression around the hypochondriæ. Depression of spirits, with cloudiness of the intellect; she cannot add up a column of figures without becoming confused;—she cannot read because she utterly fails to keep up the connection of ideas—she forgets the sense of the preceding line. My prescription is a single dose of *Nux vomica* 1^m or 2^m.

Phosphorus.—Smarting, blistering leucorrhœa; or the discharge may be of quite a different character, if the following symptoms are present. A very annoying sense of weakness across the abdomen. Constipation; stool resembling the hardened faeces of a dog, and is evacuated with great difficulty. The patient is of tall stature and slender, and of a "phthisical habit." She has a sensation of heat passing up the back; vertigo on first rising in the morning. When I have prescribed phosphorus 19^m, for such a train of symptoms—with others, more or less indicative of that remedy,—I find first that the weakness across the abdomen is removed, the constipation gives way, the vertigo ceases, and, finally, the leucorrhœa is stopped, after its acridity has first been removed.

Podophyllum pelt.—This is a remedy of great value in the treatment of leucorrhœa, when the discharge consists of thick, transparent mucus. The patient is annoyed by a pressing or bearing down in the uterine region; is very nervous and easily startled; sleeps very lightly, and sometimes not at all; there is constipation and prolapsus of the rectum; she is in a weakly, nervous, and miserable condition, "hardly fit for anything." Almost immediately after taking the first dose, the patient begins to improve; she sleeps

better, a feeling of rest and strength gradually returns, her nervousness subsides, and the disease is cured.

Pulsatilla.—Here is a “*pulsatilla* case.” Thin, acrid leucorrhœa, or it may consist of thick, white mucus. The patient says she is unable to sleep in the early part of the night, lying awake for hours; finally she falls asleep, to awaken late in the morning, with a very nasty, nauseous taste, so that she must immediately rise and cleanse her mouth. She feels much better in the open air,—a close, warm room is sickening to her. She feels worse towards evening, and has frequently morning nausea, with vomiting. I would give, for a case of this nature, *pulsatilla* 1^m, and would expect to find the general condition rapidly improved, and, in three or four weeks, the flow entirely cease.

Sarsaparilla.—There are a variety of symptoms concomitant to leucorrhœa, belonging to this remedy, but the chief characteristic will be *pain and suffering commencing at the conclusion of the flow of urine*. Grayish sand is sometimes found in the urine. Improvement is signified by relief of the post-urinary distress.

Sepia.—Leucorrhœa, with great itching in the vulva or vagina; the discharge is thick and yellow. Constipation: stools knotted and difficult to be evacuated, requiring great effort, when they are passed sluggishly. She has a sensation of weight in the anus, almost constantly. A painful sensation of emptiness, or goneness, in the pit of the stomach, annoys her continually. The urine sometimes is of putrid odor; with a deposit resembling reddish clay, and as if burnt into the vessel, so that scouring even will scarcely remove it. I give a dose of *sepia* 6^m, and the urine loses its odor and ceases to deposit, the bowels are moved regularly and naturally, the sense of weight at the anus is removed, etc., and in from three to six weeks the leucorrhœa is cured.

Another condition is quite frequently met with in practice, accompanying leucorrhœa and indicative of *sepia*. The leucorrhœal discharge is very profuse; there are slight,

darting pains in the region of the cervix uteri, shooting upwards; sexual intercourse is terribly painful, so much so that the woman is hardly able to endure it. In such cases I give sepia, sometimes of a very high potency, and do not hesitate to predict a favorable result.

Silicia.—Acrid leucorrhœa, sometimes flowing in paroxysms. Constipation—the stool comes to the verge of the anus and then slips back into the rectum, this recurring several times before it is finally expelled; there may also be some spinal symptoms present. These will be sufficient to indicate silicia, a dose of which will put quite a different phase upon the whole matter.

Stannum.—Leucorrhœa, with marked loss of strength in consequence; the weakness seeming to proceed from, to center in, or refer itself to the chest. The patient is unable to talk or to read aloud without a feeling of weakness in the chest, so that she is obliged to desist. If she has a cough with expectoration, the expectoration causes a sense of weakness in the chest. Stannum 2^c will soon make a general favorable change in the system, and this improvement will go on from day to day until finally she is entirely well.

Sulphur.—Leucorrhœa, burning and painful, making the parts sore. She has a sense of coldness of the feet, though they may not be really cold; heat on top of the head; flushes of heat, passing off with slight perspiration and a feeling of weakness and faintness; she feels quite weak, faint and hungry, from 11 to 12 A. M.; she does not sleep well, wakening often, and feels very languid in the morning; she has frequent weak spells through the day. This is a case for sulphur; hence I prescribe a single dose of that remedy 6^m. In one week the patient feels much better; she is not so faint or hungry in the morning, sleeps better, her feet are warmer, etc.; there may not be much change in the leucorrhœa, except that there is less burning and soreness from it, but in another week I find it gradually diminishing until it finally ceases.

Thuja.—This medicine will be indicated in all cases of

leucorrhœa, if the patient has thin long warts, or fig-warts. These may be on the face or on the genitals. After administering the medicine, we find the long thin warts will split up and fall off; the fig-wart variety dry up and fall off, or they first turn black at their tips and fall off as a dried scale, leaving the clear integument below. The leucorrhœa will be the last to be cured, but it, also, will be cured.

And now, gentlemen, I have thus given you some indications for the selection of remedies for the treatment of leucorrhœa. I have done this honestly and faithfully. Do not imagine that I have given you hypothetical indications: cited symptoms or conditions which might possibly have occurred. Each remedy, as given, is represented by the marks which have guided me in selecting it. Each represents cases from practice such as have occurred, not once or twice, but many times. The same symptoms have not occurred in each case in which a certain remedy has been given, but there has been enough of the indications in each case to lead me to the remedy, and I have found that if there were other concomitant symptoms in the case, that they would be found in the recorded pathogenesis of the remedy; or if they were not all there, I have concluded, and on just grounds, that if the remedy in question was more thoroughly proven, the wanting symptoms would be produced by it. I have specified also, you will observe, under most of the remedies mentioned, the exact order in which the symptoms will be favorably affected. I will promise to any one who will do as I have done—faithfully select the really and truly homœopathic remedy, and give that dynamized and singly—the same good results.

Do not suppose that I mean to assert that in my hands every case is cured with the facility which I have expressed. The most of my cases get well just as I have explained; others are much longer in being affected curatively, and often I have to change the remedy again and again; but I am always guided by the Hahnemannian principles because

I *know* them to be true. If there are failures, the cases are either necessarily incurable, or I have committed some error in the selection. There is no weakness in the law of cure. Sometimes my patients become discouraged after a longer or shorter trial, and apply to other sources for relief. I greatly regret this, for I am prevented thereby from curing what appears to be a bad case, and thus adding to my stock of experience. I am constantly on the out-look for new light, and have in the past twenty years acquired such an experience in the truths of Homœopathy and the power of its medicines, that I feel warranted in saying—in fact, impelled to say—“*similia similibus curantur*” is co-extensive with disease.

But in the application of the law, it is the patient in his or her totality that is to be prescribed for—not some real or supposed—perhaps erroneously supposed—pathological state. Some physicians, even some homœopathic physicians, are of the opinion that a diagnosis, a true view of the pathology of a case, is the best guide to treatment. To all such I would say—try your hand at cancer. It is not necessary that the language of distressed nature speaking through the tongue of the patient or the eyes of the doctor, should be first translated into organopathic language or that of pathology. It is the method of *translating* that leads to local treatment. Pathology, and all the *adjuvantie* of medicine are the hand-maids of therapeutics, useful if properly made use of, but to be kept in proper place.

It is possible that some brethren of our school may ridicule my method of treating leucorrhœa, just as allopathists ridicule the whole homœopathic system; but to these I can only say, that my experience bears me out in the belief that in adhering to the precepts of the master—prescribing for the patient the similimum singly and dynamized—I am also carrying out the maxim of Asclepiades, that diseases should be cured “*tuto, cito, et jucunde.*”

ON THE ACTION OF DIOSCOREA ON THE
GENITAL ORGANS.

BY E. M. HALE, M. D.

THIS interesting and unique medicine bids fair, in the hands of the homœopathic school, to become one of the most valued of our polycrests. Until rescued from the Eclectics, who used it in a crude empirical way, it was only used for very severe abdominal pains, or the so-called "bilious colic."

The provings and experiments published in the second edition of the *New Remedies*, revealed that the *Dioscorea* was capable of causing not only *abdominal* pain, but painful affections of other organs and tissues of the body.

The primary action of the *Dioscorea* seems to result in an exaltation of the sensibility of the *periphèral* portions of the nervous system. The nerves of motion, as well as those of sensation, appear to be affected by the same intense hyperæsthesia. Moreover, it appears to be capable of causing a condition favorable to the existence of reflex pain and spasm.

My impression is, that it selects, in most persons, the *abdominal* nervous system as the point of attack. From this system its pathogenetic effects may extend to other nervous plexuses, contiguous or remote.

A careful study of the provings already published, as well as the very extensive series of provings which will soon appear, will show that the above explanation of its action is, at least, plausible.

There are some clinical reports of its empirical uses which seem to confirm this theory. Thus Dr. Paine, quoted in *New Remedies*, page 314, asserts that he has used it successfully in "facial neuralgia, hyperæsthesia of the spine, brain, uterus, and other portions of the nervous system," as well as for abdominal neuralgia.

The purpose of this brief paper is, however, to call atten-

tion to the pathogenetic and curative action of Dioscorea in some disorders of the male genital organs.

None of the provers of Dioscorea have heretofore observed any notable action of this medicine on those organs.

The recent provings of Dr. Cushing show, that in certain persons the genital organs may become seriously affected by it. This excellent and careful prover was thoughtful enough to distinguish between the primary and secondary effects of the medicine, thus giving us a better clue to its mode of action, and of the proper dose.

Primary Symptoms.

1. Strong-smelling perspiration on the genital organs.
2. Constant excitement of the genital organs, with frequent erections day and night.
3. *Erections at night, with amorous dreams.*
4. Pain in both inguinal regions, extending to the testicles.
5. Pains in the penis.

Secondary Symptoms.

1. Genitals cold and relaxed.
2. Genitals cold and almost insensible.
3. Sexual desire greatly diminished.
4. No erections for many days.
5. *Emissions of semen during sleep (without erections or dreams.)*

We have, in the above, two graphic pictures of the opposite states, which may be called *hyperæsthesia* and *anæsthesia*, both attended with abnormal irritability.

In the ordinary nomenclature, these two states are termed erotism and impotence, and are both attended by its peculiar type of *spermatorrhœa*. If the reader will refer to Lallemand,* he will find that author lays great stress on the necessity of distinguishing between spermatorrhœa from

* On Spermatorrhœa.

an *exaltation of function* and that which arises from *depression of function*. He regards the two conditions as necessarily opposite, or requiring very different remedies. In homœopathic practice, however, it is well known that one and the same remedy may be, and often is, applicable to the two kinds of spermatorrhœa. The reason of this can only be explained by accepting the *dual* action of medicinal agents.

After his pathogenetic experiments, Dr. Cushing proceeded to test the curative value of *Dioscorea* in spermatorrhœa. As the cases reported by him have an important bearing on the "law of dose," which we believe to be sound, we give them briefly below.

Case I. A man, aged 35, married, father of three children. Has had nocturnal emissions since twenty; marriage did not cure him; for the last fifteen years, has not passed three weeks at a time without an emission. A few times, two weeks, but most of the time not over four days, much of the time every other night. He is troubled now with lameness of the back; weakness of the knees; can appear happy, but looks down when on the street. *Has amorous dreams and erections when asleep. No torpidity of the genitals.*

Sept. 12.—*Dioscorea*, 20th dilution; a dose every night.

Sept. 19.—No emissions; continue *Dios.* 20th.

Oct. 3.—Has had two emissions; *Dios.* 15th, every night.

Oct. 10.—No emissions; continue same.

Oct. 22.—No emissions; *Dios.* 20th, every night.

Nov. 5.—Two emissions; same pres.

Nov. 18.—No emissions; same pres.

Dec. 3.—No emissions; feels well in every respect.

Dec. 25.—Two emissions this month; but they do not have any bad effect on him, and he feels perfectly well.

Case II. A widower, had nocturnal emissions eighteen months since; was cured by *China* 3, and *Sulphur* 3. One year later, came to me with frequent nocturnal emissions, with great despondency. *Dioscorea* 7th. Had no emissions after the first dose.

[Dr. Cushing does not recollect whether this man had amorous dreams and erections; but, from the nature of the case, it is very probable he had.]

Case V. Patient aged 25; has nocturnal emissions, with vivid dreams of women all night; great despondency; knees very weak. Dios. 7th; a cure effected.

Dr. G. M. Pease, of Boston, upon the recommendation of Dr. Cushing, tested the value of Dioscorea in a few cases.

Case I. A young man, aged 22, had been in the habit of masturbating. *Had frequent emissions in his sleep, without erections or dreams.* The ordinary remedies failed to cure. Dioscorea, 2d trit., one grain twice a day, for a week; (reports no emissions); once a day for a month; (no emissions); once in three days for two weeks: (still no emissions). Several months have elapsed since, and the cure is permanent.

Case II. A young man, troubled for a long time with *frequent involuntary emissions, without dreams or excitement, taking place in the day-time as well as in the night.* His memory was impaired and energy gone. Dioscorein, 2d trit., one grain three times a day, cured him completely in a few weeks. He is now married.

Case III. A married man, aged 35; had been away from home several years, and lived a chaste life; for some time had nocturnal emissions. (Dr. P. does not remember if he had dreams and emissions.) Dioscorein, 2d trit., once a day, quickly relieved the patient.

It will be observed, in the two cases first mentioned, the *secondary* symptoms of Dioscorea obtained. They, as well as the third case, were promptly cured by a *low trituration*.

I do not believe a high potency of the remedy would have cured these cases, nor do I believe a low potency of Dioscorea would have been effectual in the cases reported by Dr. Cushing.

The two series of cases, the first presenting the *primary*, the other the *secondary* symptoms of Dioscorea, are interesting in other respects than as clinical facts, in that they seem

to support the theory that *when primary symptoms of the medicine are present give a high dilution, and vice versa.*

I do not contend this to be an infallible rule, for it has its exceptions, but it is a rule which may be followed in a majority of cases, with good results.

Since writing the above, I observe that in the proceedings of the Indiana Medical Society, Dr. Boyd reports that he has used the *Dioscorea* in *spasmodic stricture of the urethra*, with "pain about the umbilicus, relieved by pressure; pressure on the rectum; paroxysmal colic pains." Although no such symptom of the urinary organs has been observed, yet the specific *primary* action of the medicine leads us to suppose it might cause *urethral* as well as other hyperæsthesia attended by spasm. In Dr. Boyd's case he prescribed it very scientifically, because he was guided by the key-symptom, namely, *paroxysmal pains about the umbilicus, relieved by pressure.*

PARTURITION AND ITS MANAGEMENT.

BY C. PEARSON, M. D.

IN reference to the management of obstetric surgery, quite a diversity of opinion amongst practitioners still exists. One advises the administration of chloroform or ether. Another denounces it as always injurious. Some writers advise turning in all cases of *placenta prævia*, where circumstances will permit, while others allege that rupturing the membrane alone, where the head presents, is always sufficient to check the hemorrhage, and bring on labor. Many still advise the application of the bandage under all circumstances. Others denounce it as not only useless, but injurious.

In relation to all of these points, it may be well enough to speculate; at the same time, an opinion founded on theory alone, though often correct, is generally less reliable than that arrived at from practical experience. With me, it has always been a question, whether in testing any new

remedial agent, the experimenter has always previously been entirely divested of prejudice either for or against it. May not the friend to anæsthesia in labor, attribute syncope, hemorrhage, or even death itself, where it occurs, to other causes than to chloroform? Dr. Simpson, some years ago, in his controversy with Dr. Meigs, seemed to do this, his zeal for this agent being more than a match for his perception, while the prejudice of Meigs ran riot with his judgment, and his confidence in it was not sufficient to give it an impartial trial. He thought the possibility that he might injure his patient by its exhibition, a sufficient reason for its rejection. He says, "should I exhibit the remedy for pain to a thousand patients in labor, merely to prevent the physiological pain, and for no other motive, and if I should in consequence destroy only one of them, I should feel disposed to clothe me in sackcloth, and cast ashes on my head for the remainder of my days." We make no objections to this language, strong as it is, had the professor urged it against all narcotics for all diseases, which, with equal propriety, he might have done; but some of the objections he and others bring forward are well founded. Amongst these, a tendency to retard labor and to induce hemorrhage, are at least worthy of notice.

So far as I know, these agents are rarely used in obstetric practice by physicians of our School. An occasional article in their favor has appeared in our journals, but in none of our bound volumes is the subject even referred to. It may be regarded as a safe practice to "prove all things and to hold fast that which is good;" or, at least, to try anything that seems to be sanctioned by reason and science. Some twelve years ago, after reading the favorable reports of Professor Simpson, I resolved to try chloroform and ether (one-third of the former to two-thirds of the latter), and for five years gave it in every case of obstetrics that came under my care, where the patient could be prevailed upon to inhale it, and must say, although during that time no case terminated fatally, yet I had more cases of tedious labor, more

cases of flooding, and more lingering recoveries than in any other five years of my professional experience, and would certainly not wish for five years more to take the risks and responsibilities attending its administration; for these, even in the management of ordinary cases, are usually sufficient, without, in our efforts to relieve, having them multiplied by our agents.

For the past seven years, I have not, in a single instance, advised anesthesia, and seldom allowed it; and when, by the strong solicitation of the patient, I have done so, it has been more to relieve her mentally, than physically, taking care not to administer it till near the termination of the second stage of labor, and then not so thoroughly as to produce any very decided impression.

In cases of *placenta prævia*, it is my deliberate conviction that much precious time, if not precious lives, is often lost by needlessly waiting for, or striving to induce labor. If any practitioner, in cases of this kind, has ever seen the pains regularly occur, he has seen what I would expect to look for in vain. Where uterine contractions do occur, they are usually feeble and irregular, and set in as in other cases, from the point of placental attachment: and hence, instead of pressing downward, as in natural labor, will press upward. And this condition, accompanied with the most frightful hemorrhage, will continue for hours and days until the operation of turning is rendered hazardous, though it present the only shadow of prospect for the woman's safety. Dr. Guernsey advises the rupturing of the membranes, and assures us that just so certainly as the water passes off slowly, just so surely will the hemorrhage cease. This theory, if such we may call it, seems sufficiently reasonable, certainly, to deserve a trial: and where the head presents, it may generally, by its pressure, check the flow. But will labor pains always certainly and quickly follow this operation? Such has not been my experience. In one instance, at least, after waiting twenty-four hours for labor to set in, I was forced to resort to turning, and think such delay hazard-

ous, and never advisable, unless, owing to the rigidity of the *os uteri*, version for the time cannot be resorted to. Besides, the head in these cases does not always present, and where it does not, the flooding will continue, notwithstanding the evacuation of the waters. I recently met with a case of cross birth, or shoulder presentation; the hemorrhage was exhausting, and turning difficult, yet nothing like natural labor pains were experienced until the foot was brought outside the vulva. And this I think may be regarded as the rule and not the exception, and hence we should resort to turning in every instance, as soon as the *os* and soft parts will permit; in nothing is delay more dangerous. It is idle to talk of medicines; this condition is not a disease but a physiological difficulty which no medicine can rectify. The practice advised by some, of first extracting the placenta, and then waiting for labor to terminate in the natural way, ought, we think, always to be regarded as a bold, if not a reckless procedure. For unless the expulsion of the child would almost immediately follow that of the after-birth, it must be apparent that the life of the child certainly, and that of the mother very probably, would be sacrificed.

In reference to the application of the bandage after delivery, a question which of late has elicited much discussion, we think experience will soon demonstrate its entire worthlessness, if not its injuriousness. The profession is much indebted to Professor Guernsey, for the bold stand he has taken against this useless custom, in being the first author, so far as we know, who, in a large and creditable work on the subject of obstetrics, has discarded its use. Until I read the correspondence on this subject, recently published in the *Hahnemannian Monthly*, I was not aware that so many, like myself, had so long since thrown it aside. For not in a single instance have I either advised or allowed its application for the past thirteen years. And during all that time, in my own practice, I have not met with a single case of puerperal fever. In addition to this, fewer cases of pro-

lapses have been complained of, while the recoveries have uniformly been more prompt and satisfactory than when in former years the binder was so carefully adjusted.

It is amusing to hear physicians talk of lifting the uterus upward by its application; such a thing is impossible; in its enlarged condition, uterus and bowels, are lifted from the support of the osseous structures and forced backwards towards the sacrum, where by this artificial pressure and their own gravity, they fall lower in the pelvis than they would do if undisturbed. The result of this is, dragging, pressing pains in the back and hips, falling of the womb, etc.

The argument in favor of the bandage, which has more weight with the ladies themselves than all others, is that it prevents the abdomen from becoming permanently enlarged. If this were true, all reason and argument against it would be of little avail, and it would be worn by the majority even at the sacrifice of health. But is it true? Let physicians inquire of those whose figures have been changed by frequent child-bearing, if they have not always worn the bandage, and we venture the assertion that in nine-tenths of the cases the answer will be in the affirmative. On the contrary, I know ladies now the mother of four and five children, who have never once used the bandage, and who to-day are as neat as they were before marriage.

Another argument in its favor is, that it supports the muscles weakened by their long distension. For the same reason, and to prevent too sudden collapse, we are also advised to use it in the operation of paracentesis. Though I rarely resort to this mode of relief for a dropsical patient, believing it to be of doubtful utility, still, in a few instances, I have performed it, and always without the application of the bandage, and have in no case met with the syncope and other evil results, which, we are told, will inevitably follow when it is not applied.

Hence, we should learn to respect nothing merely because it may be sanctioned by custom. For it is astonishing how long this may bias the mind and prevent the discovery of

error, where it exists. Many things, both in medicine and surgery, long received as truths, have subsequently been by the pruning knife of science found to be false: the actual cautery and blood-letting have been deposited in the alluvium along the stream of progress, and emetics and cathartics will soon follow them, being no longer tolerated by the truly homœopathic.

Thus, one by one, slowly but certainly, will the myths and shadows pass away to give place to the actual and the real: and thus, too, must error die, not amid, but without her worshippers. But while we respect no fallacy because of its antiquity, we should for the same reason reject no truth, for with Locke we should say, "truth is the same; time alters it not, neither is it the better or worse of being either of ancient or modern tradition."

GOSSYPIUM HERBACEUM.

The Cotton Plant.

BY W. WILLIAMSON, M. D.

(Read before the Philadelphia Medical Society, January 14th, 1869.)

A NATIVE of Asia, but cultivated in India, Africa and America, for the filaments attached to the seeds,—the cotton of commerce.

A drying fixed oil is obtained from the seed by pressure.—used in the arts.

Part used in medicine: the fresh inner bark of the root. *Preparation:* alcoholic tincture. *Antidote:* *Viburnum prunifolium*.

The medical history of this plant, like that of many other articles of the *Materia Medica*, began with the common people, with so much uncertainty as to time and place, that it is now impossible to tell when or by whom its medicinal properties were first discovered. The knowledge of its

virtues, like that of many other valuable articles now used as medicines, forced its way from obscurity to notoriety through the prejudice and neglect of medical men, many of whom are still unwilling to recognize its claims; but, before long, all will be compelled to acknowledge its importance. Some think the knowledge of its power to produce abortion was possessed by the natives of Africa, and imported to this country with that people, before it was known to the inhabitants of our Southern States. Be that as it may, the first we know of *Gossypium* having been given for any medicinal purpose, was to procure abortion by negro women of the South. It was also given to facilitate labor at full period, in domestic practice. About twenty years (or a little more) ago, the intelligence of its action on the uterus began to spread among a few physicians in practice, but the profession at large did not give credit to the reports of its effects. Within my recollection of the history of medicine, many writers and teachers in the profession did not believe, and openly avowed their disbelief, that *Secale cornutum* possessed the power of action on the uterus which is now almost universally conceded by physicians. And we need not wonder that so many even now refuse to accord to *Gossypium* the power of action it is so well known to possess. An effort was made in another direction to kill its popularity, by faint praise,—first by relating the current reports of its action, and then saying it is uncertain in its action, or there was “not sufficient proof that it possesses any power.” Notwithstanding the opposition and neglect with which *Gossypium* was, for a long time, treated, its claims were advocated by writers in the Southern medical journals, who averred that it not only possessed the power of increasing uterine contraction in labor, but would cause expulsive contractions and delivery at any time during the period of utero-gestation; and some even affirmed that it would destroy the generative capacity in women entirely. An effect similar to this last has been, by the common people, attributed to the *Asarum canadense* (wild ginger,

colt's foot). The most remarkable difference between the effects of *Secale cornutum* and *Gossypium herbaceum* on the uterus, is said to be that the *Secale* causes uterine contractions with pain, and the *Gossypium* causes the contractions without pain or other unpleasant effect.

There are three sources from which we derive information on the subject of *Gossypium*, viz: *domestic*, *eclectic*, and *regular* practice, the information from each agreeing in all essential particulars. But there are no effects ascribed to it, no matter how fully corroborated, but have been denied. Such contradictory statements are common in the medical history of almost every article of the *Materia Medica*, and they are likely to continue, so long as the claims of the article are based only on popular use and the clinical observations of its friends. No test will so soon and satisfactorily settle such disputes, as subjecting the medicine to proper provings on the healthy human organism, and then applying it to the treatment of the sick, in accordance with the teachings of the great homœopathic law.

In reiterating some of the effects and clinical observations drawn from popular reports of *Gossypium*, I do not propose to either endorse or deny their truthfulness. I simply make the statements as a part of its medical history, and leave the affirmation or refutation of the reports and statements to the future decision of the profession. Beside the accounts already known to the profession, which I shall this evening enumerate, I will add some of the results of one careful proving, some cured symptoms, and a few clinical observations based on its homœopathic use. But with these additions to what was before known of the medicinal virtues of the *Gossypium*, however important they may be, I would not presume to usher it into the *Materia Medica* as a well-tried remedy. A few "guiding points" have been gained, others must be sought for, and then all must be submitted to the "clinical test," before it is admitted to a place beside other approved homœopathic remedies. Much proving and re-proving of remedies prematurely admitted

to our *Materia Medica* is necessary before that great work will be what it ought to be, and what it is capable of being made.

The most common mode of prescribing *Gossypium*, heretofore, has been in decoction; four ounces of the fresh bark of the root to a quart of water, and boiled down to a pint: dose, a wine-glassful, repeated every half hour to assist parturition, and every one, two, or three hours, according to the emergency, in amenorrhœa, dysmenorrhœa, &c.

A tincture has been used in chlorosis, made by digesting eight ounces of the bark of the dry root in two pounds of diluted alcohol, for fourteen days, and then filtering. Dose, one drachm, to be repeated three or four times a day. A tincture of the bark in Nitric ether, has been used: dose, 30 to 60 drops. It is sometimes given in infusion.

The seeds have been given in intermittent fever, but in what form we are not instructed. A decoction of the root has been given in strangury and gravel.

In popular practice it has been chiefly used to procure abortion; to assist labor; in derangements of the uterine system; in some diseases of the urinary organs; and for the purpose of producing sterility.

"In dysmenorrhœa it allays the pain speedily: and in amenorrhœa it aids the efforts of nature and augments the discharge, without producing acceleration of the pulse or gastric uneasiness. In suppression of the menses it is said to be fully equal, if not superior, to any other article of the *Materia Medica*, generally procuring the discharge the next day after its administration. It is said to be particularly adapted to cases where the menses come on, continue for a day, and then cease, with pains setting in: in such cases, *Gossypium* will remove the pain and restore the secretion within twenty-four hours.

As a parturient agent, it is about as prompt in its action as *Ergot*, and does not produce the nervous distress, nausea and vomiting, which sometimes follow the administration of that agent. *Gossypium* has also proved effectual in

cases of retained placenta, one or two doses being sufficient to secure its expulsion.

There is a depressed condition of health often met with in persons of a leuco-plegmatic temperament, in either sex, to which this remedy is said to be particularly applicable, and especially so in the female, where there is general bad health, with tardy menstruation. Also, in cases where there is obstruction of the menses before they are fully established, with anemia, pain in the loins, giddiness in the head, loss of appetite, and an uneasy, depressed feeling in the epigastrium. (A very good picture of chlorosis.) These symptoms, except the menstrual flow, are said to be relieved by the tincture, in from two to four weeks; the decoction or infusion being required afterwards to produce the discharge.*

From a very careful proving of the Gossypium, in a lady, made under the supervision of a medical student of this city, I have been kindly permitted to make the following synopsis of symptoms, viz:

"Stinging pain in the head, going from the forehead to the vertex. Pain first burning, then stinging, extending from both temporal bones to the middle of the frontal bone. Drawing pain over the eyes, with stinging pain in the pupils. Knocking pain in the right parietal bone.

"Both nostrils swollen and inflamed: the left one most so.

"Tonsils much swollen: the right one most.

"Nausea, with accumulation of saliva in the mouth. Nausea, with inclination to vomit before breakfast, in the morning. Taste of bad (rotten) eggs.† Better after breakfast.

* For the above outline of symptoms, I am chiefly indebted to Prof. E. M. Hale's *New Remedies*.

† This taste of "bad eggs" is similar to the taste produced by taking large doses of Hepar sulph., and is that of sulphuretted hydrogen.

“Rotating pain in the pit of the stomach. Uneasiness and anxiety, with sighing.

“Stitching pain in the right hypochondrium, lasting for a few minutes, and then drawing pain from both hypochondriac regions to the pit of the stomach.

“Stinging pain in both ovarian regions, and, at the same time, drawing towards the uterus, lasting about ten minutes at a time. Menses too watery, and nineteen days too late.

“Soreness between the thighs and vulva, with a watery secretion. Soft tumor between left thigh and vulva, first the size of a pea, and increasing to the size of a pigeon’s egg, secreting a watery fluid, with sticking pain, as if caused by a needle; worse at night. Swelling of the outer part of the left labium, accompanied with intolerable itching. Some swelling in the right labium, but less than in the left. The outer skin of both labia studded with innumerable pale, somewhat reddish, granules.

“Tearing pains in the right arm and hand. Jumping pains from one finger to another. Pale red papular eruptions on the backs of both hands, with intense itching. Scratching is followed by a watery exudation. Crawling sensation in all the fingers, as if from the moving of worms. Heavy feeling in both hands; better when hanging them down, and worse in the warmth of bed.

“Tearing pain from the lower part of the right thigh down to the instep, then jumping over to the left leg. Twitching in both thighs, proceeding from the hip to the knee. Continual drawing pain in the legs, from above downwards. Drawing pains in the caps of both knees, and from the calves to the ankles. Drawing pain in the right shin bone, from the knee to the ankle. Temporary twitching in both legs, changing from one to the other. Severe, contracting pain in the left foot; worse from motion, and better from rest. Trembling in both legs when standing; better when sitting or lying. Small, round, dark-red spots, with pale red circles, around the knee-caps and over the shin bones.

These spots itch very much, and scratching brings on intense burning. Weariness and crushed feeling in both legs, particularly when going up-stairs, and better when lying down. Sensation as if the marrow in the bones of the legs was being squeezed out. Round little spots around the left ankle, which itch intensely.

"Itching of the skin over the whole body. General lassitude, with pains, as if beaten. Chilliness over the whole body externally, with heat internally."

It may be observed the pains are of a stinging, drawing, tearing, and sometimes burning character, extending from one point to another, or jumping from one place to another, and from one limb to the opposite one. The pains in the hypochondriac and ovarian regions come and go. Trembling and twitching of the lower limbs. The pains generally take the direction from above downwards; are mostly aggravated by motion, and relieved by rest. The itching of the eruption on the skin turns to burning, after scratching.

I have prescribed *Gossypium* in the first decimal dilution, frequently, within the last three years, chiefly in menstrual difficulties, and in the morning sickness of pregnancy. In my estimation, it bears a very important relation to the female constitution, and, in the treatment of female diseases, occupies a place between *Pulsatilla* and *Secale cornutum*. Like the symptoms of *Pulsatilla*, the symptoms of *Gossypium* wander or jump from place to place; and like those of *Secale cornutum* and *Belladonna* (especially the abdominal symptoms), they observe alternate periods of aggravation and amelioration. A further comparison of the symptoms of these remedies will manifest a still further relationship between them.

The determining consideration in favor of *Gossypium* with me, has been the existence of sympathetic symptoms of the stomach, breasts, head, and nervous system, arising from disturbance of the uterine functions, connected with either menstruation or pregnancy. It no doubt has other

important adaptations, but too little is at present known of its pathogenesis to enable us to speak of them advisedly.

I have used *Gossypium* successfully in amenorrhœa, dysmenorrhœa, and menorrhagia; and with great satisfaction and success in morning sickness, during the early months of pregnancy. The symptoms of morning sickness, in some cases, are multiform, but among them, in the cases relieved by *Gossypium*, stand, prominently, sensitiveness over the hypogastric region, prostration of the nervous system almost to syncope, and in the morning from the least motion, soon after waking, nausea, with distress in the pit of the stomach, and immediately on raising the head, retching and violent efforts to vomit; at first very little comes up, except wind, with a loud noise; soon after, saliva, and some thick fluid is discharged, and, occasionally, after much retching, a little bilious matter, but rarely any ingesta. Wind is often discharged from the bowels, during the efforts to vomit. In some violent cases, the morning paroxysms are followed by faintness, to a degree almost amounting to syncope, and the patient is unable to rise or leave the bed. In such cases, *Gossypium* is the remedy.

MARRIED.—In Melrose, Mass., Sept. 3d, 1868, by Rev. T. B. Thayer, D. D., at the residence of the bride's mother, J. Heber Smith, M. D., and Miss Mary A. Greene, both of Melrose. Dr. Smith is a graduate of the Homœopathic Medical College of Pennsylvania, and one of whom the Professors of that institution have ever felt proud. We welcome him to the blessed brotherhood of married men.

THE VERMONT STATE MEDICAL SOCIETY will hold its annual meeting in Burlington, June 1st, 1869. Members and delegates will please take notice.

FACTS AND THEORIES OF HOMŒOPATHY,—No. 3.

BY JACOB JEANES, M. D.

(Read before the Philadelphia Medical Society, January 14th, 1869.)

The Wirkungs-dauer.

It has been reported that upon the Hartz Mountains, the traveller sometimes sees before him a gigantic spectral form, which inspires him with terror until he observes that each of his own motions is imitated by the phantom, and he becomes convinced that this is only a reflection of himself, though monstrously magnified.

This phenomenon is extraordinary, but there are similar mental phenomena which are common. In our indolence or ignorance, and with only a dreamy kind of thought, we permit terms and phrases which are applicable to realities, to transcend their proper limits, and to call up in our minds indefinite and wavering ideas, which may be likened to shadowy forms which we mistake for the things of which they are only the reflections. Such terms often become words of power, and under their influence men may be emboldened to attempt rash deeds, or deterred from the most useful and beneficial actions. It therefore becomes necessary for those who desire the progress of science, to disregard these phantoms, and seek for the realities of which they are only the reflections.

Words or expression which seem to have a definite meaning, but which have an indefinite acceptance or application, occur in the language employed in relation to everything which is of importance to mankind. We may select the German word *Wirkungs-dauer*, and its equivalent expressions in other languages, as examples of the manner in which they creep into the sciences. These have been and must continue to be words of power capable of calling up misty and indefinite ideas, until we understand to what realities they are applicable. The expression in our language which cor-

responds with the compound word Wirkungs-dauer is the *duration of operation*. When used in regard to medicines we understand them to mean the time during which a medicine operates upon the organism. But so indefinite and imperfect are our ideas upon this subject, that we are liable to confound the consequences of the operation with the operation itself, and to include the duration of the former with that of the latter. Prior to further investigation of these matters, it will be advantageous to bring ourselves to the consideration of the fact that time is requisite in all the known processes of nature. In some of these the duration of operation is extremely minute, whilst in others it extends through the ages of ages.

A few examples will suffice for illustration, and also serve to show how the duration may differ according to the extent or the nature of a process.

Light travels one hundred and ninety-two thousand miles in a second of time. The extremely minute fraction of a second requisite for light to travel one mile, would seem to be so inconsiderable as hardly deserving of being considered a portion of time. It may be to us immeasurably small, but small as it is, it is time, as at this rate of travel it requires eight minutes to reach the earth from the sun.

Also in its chemical relations, light can effect alterations in some bodies in a wonderfully short time. The photograph taken by the light of an electric spark, under circumstances which justified the calculation that the light performed its work in less than the twenty thousandth part of a second, is an example of this rapidity of operation. But there are other chemical operations of this agent which are much slower, requiring months or years to become observable.

Gravitation affords us other illustrations. The rock which has been poised upon the mountain's brow for untold centuries, has been maintained in its position by this power; for, had it not been for its gravity the winds would have waisted it away. But let this rock be toppled from

the beetling crag, then another process occurs which has a brief but determinate duration. It falls; and the descent being perpendicular, and the distance being known, the time occupied in falling can be calculated. The waters of a river plunging down in a cataract, attain in a few seconds to a lower level, which they could only reach in days or weeks through a gradually descending channel.

These examples are sufficient to direct our attention to the fact of duration in the processes of nature, and to prepare our minds for a view of some of the processes in living organisms. The first to attract our observation is that of life itself, the duration of which differs widely in different organisms; the variation extending from the ephemeral existence of some, to the thousands of years of the cedars of California. But the duration of life in individuals of the same species, under equally favorable circumstances, is nearly the same. This is also true in relation to the three grand stages of growth, maturity, and decline. The same regularity and equality of duration attends the processes of reproduction. In the animals with which we are best acquainted, we know the time allotted for their fulfillment. Seeds of the same species, sown at the same time in the same soil, will germinate together, and the plants will be developed and their fruit will be ripened after the same duration of processes.

But there are certain phases in the vitality of many organisms, which may seem at first view to be incompatible with regularity of duration in the processes of life. One of these is the quiescent or latent vitality in the ova of birds, insects, and other animals, as also in the seeds of vegetables. Although a bird may lay her eggs at considerable intervals, yet the young birds will be hatched from them at nearly the same period of incubation. The earlier laid eggs have only been for a longer time than the others in the state of quiescent vitality. The duration of this condition is generally much greater in the vegetable than in the animal organisms. The seeds, which are the ova of plants, may

be kept for many years, and yet, when placed in a suitable soil, may produce perfect plants. This property of prolonged quiescent vitality has given rise to notions of spontaneous production of plants which are devoid of truth.

The condition of latent life is not restricted to the ova period of existence, but occurs also in perfectly developed organisms. Trees which appear dead in the winter, regain their active life in the spring and summer, and are prepared by the close of autumn to return to the state of apparent death. It is also not absolutely confined to vegetable existences; for some animals make a near approximation to it in their hibernation.

The vital principle in this state of quiescence is a maintaining power, keeping the atoms of the organism in their appropriate situations, and its operation is similar in this respect to gravitation retaining bodies *in situ* on the earth. On the other hand, active vitality may be compared to gravitation when it gives direction, and regulates the momentum of descent of bodies thrown horizontally from an eminence. An extraneous force is necessary to place these bodies in the situation in which gravitation could produce the process of falling. So there must be extraneous forces acting upon the atoms of the ovum or of the developed organism, to give them motion, before the vital principle can give direction to their movements. These forces are furnished by caloric, electricity, magnetism, light, and perhaps other more recondite agents. These do not operate singly, but in combination. Not that in all cases these are all united, though, in all probability, caloric, electricity, and magnetism are always engaged in producing active, in the place of quiescent, vitality, and are indispensable to the processes of life. With regard to light, the eyeless fish from the streams in the mammoth cave of Kentucky, might lead to the suspicion that light is not always an indispensable agent. Yet even in those caves where the darkness appears Cimmerian to our vision, there may still be light.

Free caloric modifies temperature, which is the thing of

which we measure a very small portion with our thermometrical instruments. Yet, far within the extremes of our measurement, are the boundaries of organic life. Within these again are the limits of temperature which are adapted to the different organisms. Even slight departures from the temperature of any organism is often highly injurious. Let the incubating bird leave its nest a little too long, so that the eggs become cooled; all after incubation will not restore their life, but will hasten the action of the chemical which takes the place of vital affinity, and produce earlier putrefaction. Let trees which are passing from their wintry rest into active summer life, be exposed to severe frost, not only will the newly developed parts suffer, but it often happens that the twigs of last year's growth are killed, though they have shown by their leaves and blossoms that they have sustained the much severer cold of the previous winter unharmed. Uncongenial temperature, when excessive, may produce the rapid destruction of the whole or a part of an organism. The longer it is continued the greater is the mischief. But here, as well as in injury from its gradual operation, too sudden a transition to the ordinarily congenial, or still worse, to the opposite uncongenial temperature, does not permit the vital principle to restore the vital affinities to their "practical relations" with so little damage as it can do under a gradual return to the proper temperature.

The Wirkungs-dauer of uncongenial temperature upon an organism is the duration of its presence. The same may be said of the Wirkungs-dauer of electricity, magnetism, and light, when operating in uncongenial modes or proportions. The tree which has been stricken by the thunderbolt, stands a blasted monument of the power of electricity as developed in the lightning. The injuries, though permanent, were inflicted by an agent whose Wirkungs-dauer is so brief as to be almost immeasurable.

Let us now pass to the consideration of the nutrients, which are as various as the organisms. They are not only

injurious in uncongenial quantities, but their relations to the various forms of organic life are so very different, that what is proper for one species may be poisonous to another. This is also true in regard to different individuals of the same family. Taking the genus *homo* as an example, we must acknowledge the frequent truthfulness of the old adage that "what is one man's meat is another man's poison." A nutrient may agree perfectly with nine hundred and ninety-nine persons in a thousand, and yet in one of that thousand may induce severe disorder and suffering, even when eaten in very moderate quantity. If we observe and compare the cases of disagreement which have been occasioned by the same nutrient, we will sometimes find such similarity of disorder, as to lead to the conclusion that the derangement of health is caused by a peculiar pathogenetic power of the nutrient.

The continued employment of any nutrient by a person in whom it produces its pathogenetic effects, is apt to result either in such aggravation of the disorder as to compel the discontinuance of the offending food, or, in an accommodation of the vital principle to its use. The latter result is exhibited in the cases of those persons, who, when they commence eating cucumbers or melons in the early part of their seasons, suffer from eructations with the taste of the fruit, but who, after eating them for a few days in moderate quantities, can continue to enjoy them to the end of their seasons without inconvenience. The vital principle can also accommodate itself to the almost constant impressions of some innutritious pathogenetic substances. This is exemplified in the apparent immunity with which some persons use tobacco. But the modifications of vital action and condition which are necessary for this accommodation, do not permit a sudden cessation of its employment. Disturbances, considerable and distressing, often occur on its sudden disuse. Even the too long continued and exclusive use of a wholesome nutrient may be injurious to the health, and nature has kindly provided against it by the changes

in the kinds of aliments, which are necessitated by the changes of season. The long continued use of pathogenetic substances employed as medicines, will often be followed by a sudden outbreak of disease. Mercurials thus given will produce ptyalism, and Iodine will sometimes induce an incurable dyspepsia. These results may be attributed to an aggravation of effect from the repetition of doses, or to accumulation of the pathogenetic substance in the organism. The aggravation of effect is too extensive a subject for present consideration, but the accumulation and incorporation of substances heterogeneous to the organism demands our attention. That this does occur, is incontrovertibly proven by the discoloration of the skin after a free employment of the Nitrate of Silver, internally, as a medicine. The notion that this drug cures epilepsy has led to its frequent administration in this disease. In consequence, we meet with cases of this exceedingly mortifying darkening of the skin, so permanent that years have neither obliterated nor sensibly lessened it, and in which the epilepsy continues uncured.

We are now prepared to undertake the consideration of the Wirkungs-dauer of medicines. These are pathogenetic substances which may be advantageously employed in the cure of disease. The duration of operation of a medicine must be limited to the duration of its presence, which may last but an instant, or may endure to the end of a long life. After the complete elimination of a medicine from the organism, morbid conditions may remain, which are the effects of its operation. To estimate the duration of operation by the duration of either curative or pathogenetic effects, is wrong, for we must then consider the medicines which have effected permanent cures or injuries, to be constantly operating during the remainder of life. The idea that the Wirkungs-dauer is limited to the duration of certain important operations, is also fallacious. In the operations of vomiting and purging, the medicines which produce them may sometimes be entirely expelled from the system. Here

the cessation of these symptoms is the termination of the operation. But it frequently happens that the whole of the medicine is not removed, as subsequent operations, which are attributable to the medicines, incontestably prove. The illusion which leads to mistaking a part of an operation for the whole, may lead to rashness in the employment of medicines.

The induction, or theory, or hypothesis of the Wirkungs-dauer of attenuated medicines, may have done good service. At a time when our prepossessions were in favor of frequent repetition of doses, it served the useful purpose of deterring us from the too frequent administration of medicine; and we were thereby taught the advantage to be derived, in some cases, from patiently waiting on the single dose. Amazed at the successful results of homœopathic treatment, and grateful for the admirable teaching that enabled us to cure so many diseases which had resisted all previous treatment, we felt no inclination to be critical. Indeed, it was not a time to be so. It was requisite that we should have much experience, in order to establish just judgment. But the time has now come, when we should inquire into the correctness of theoretic teachings. It is to be hoped that the discussion of this evening will aid in unvailing the mystery of the homœopathic Wirkungs-dauer.

HOMEOPATHY IN CANADA.—The Legislature of Ontario, Canada, has, within a few days, passed a bill which secures to homœopaths and eclectics, representation at what is known as the "Examining Board," which grants licenses to practitioners. This Board, under the provisions of the new bill, will consist of twenty allopathists, five homœopaths and five eclectics. They are empowered to examine into the qualifications of all applicants for a license, in regard of such branches as pertain to a common medical education. *Materia Medica*, therapeutics and practice being "open questions," are not to be regarded. It may seem desirable that these brethren should dwell together in unity, and yet it would appear that examinations in the most vital points of medical education, so far as the public are concerned, are to be omitted. The homœopaths had previously an independent legal status, and it would, perhaps, have been as well if they had maintained it.

"LET US HAVE PEACE."

BY T. DWIGHT STOW, M. D.

SUCH is the caption of an article in the December number of the *Hahnemannian Monthly*. I have perused the article above-mentioned, with commingled pleasure and grief. With pleasure, because it is (I suppose) from the pen of an esteemed gentleman and colleague, Robt. J. McClatchey, M. D., and because I too am for peace and harmony within the homœopathic ranks, that, in fighting our common enemy, we may present an unbroken and unimpregnable front. With grief, because it foreshadows surrender of principle.

But no peace has been, or *is* possible without purity. "First pure, then peaceable," are words of inspiration and wisdom.

Now, what *is* purity as relates to homœopathics? It is correct and thorough knowledge of the principles underlying that fabric; and secondly, but not least, a careful *application* of those principles. Now, two things must be evident; 1st. Ignorance of homœopathic principles must bring inevitable failure. 2d. *Disregard* of known principles is worse than ignorance of them, because it is treachery, hypocrisy and recklessness combined.

Some there are who accept and *believe* the principles laid down in the Bible of Homœopathy (Hahnemann's *Organon*), because they are rational and logical, and demonstrated in practice. Others acknowledge the law, *similia similibus*, but deny the single remedy and the minimum dose. Until *all* are agreed at least upon the cardinal principles, no harmony, no peace, can exist. We get Homœopathy from Hahnemann. He discovered almost its every part. Discovery led him to experiment; experiment demonstrated the value and the truth of his discoveries, and their unalterable, unchangeable, and indissoluble connection with and relation to each other. Hidden things are to be revealed;

revelations must be published, explained, *defended*, else the world and truth move not on. Beneath the ponderous wheels and terrible weight of this car will thousands be crushed, because they *will deny, reject, and oppose* its progress. The acts, the outcries, and the wounds of these disturb our senses! Shall our cry be—stop the car! compromise! let us have peace! Never, while we wish to see truth prevail.

There are some particular points in the article referred to, which demand more than passing notice.

1. "A mighty tidal wave, billowed by the added force of ages, is sweeping along the coast and over the headlands of the sea of error, and whatever is not of the truth, and for the truth, will be engulfed in the vast abyss of everlasting medical oblivion."

2. —————; "and the whole, with full force rushing upon them, has forced despondent cries from disappointed hearts, and the longing utterances of hopes for the dawning of a brighter day, in which patient and long-suffering humanity will be flooded with the light of a new medical dispensation."

3. "In view, therefore, of this transition state of the old school, and of its determination to ignore Homœopathy and the claims of Hahnemann, it seems to be well that we should turn our thoughts to ourselves, and see whether we are in proper array for the conflict that is imminent between the new and old."

4. "There has, perhaps, never been a time when unity of purpose, if not of sentiment, in our school, was more imperatively demanded than *now*," etc.

5. Men are opposing each other with all their might; wasting their strength on friends of the same faith: colleges are torn asunder by intestinal strife, and yet hoping to preserve the line-of-battle against other colleges of the same way of thinking and doing, and against the common enemy."

6. "Brethren, these things ought not so to be," etc.

7. "It is true that truth is mighty and will prevail; but truth *has been* taken from an unworthy generation and revealed again to its successor."

8. "Let men and men's ideas go down before measures—if they are in conflict,—and let nothing be done, no act performed, and no word spoken, save with a single view to the advancement of our cause, etc., etc."

We will take up and consider these points, *seriatim*.

Point 1. We endorse the sentiment herein embodied, and utter a timely warning to all who may attempt to *stem* this "wave," or to change its course, or diminish its force by

compromise, that they will materially fail. Nor can *sophistry* or *evasion* lessen either its force or its extent. Nothing short of the truth, *and the whole truth*, can withstand this approaching force, and the person who timidly or covertly attempts to represent Homœopathy will find himself and his imposture consigned to medical oblivion.

Let those who have been making departures from the faith, or wandering about from the straight path, return.

Point 2. Since there are those who have thus been engulfed, and are hoping, looking for the "light of a new medical dispensation," let those who have *found* this light *bear it aloft*, nor dread the *effort* or exposure to wrath and scorn. We cannot *now* have peace.

Point 3. The old school cannot fight us with worse weapons than have already been used. The *worst* weapon they can use is our own *inconsistency*. "You homœopaths are not agreed." A part *truly* represent Homœopathy, while others deny many of Hahnemann's teachings. Shall we, now that the battle over these differences is half fought out—now that the morning breaketh, cry out, stop the fight,—let us have peace? Magic are the words, "in union there is strength;" but there is a union deceptive, rotten, frail—the union of right and wrong, of truth and error.

Point 4. True, my brother, we have never needed unity more than now. But how can we get it until we *fully* and *truly know* the truth? Homœopathy is known by precept and practice; these cannot be separated and leave a *knowledge* of the truth. To *know* we must be taught, and must discuss; to teach, discuss and test, is to agitate and disturb.

This is not peace and quietude. Agitation and disturbance are war measures as well as peace measures.

Point 5. The world *moves* as things are moved. Great reforms *always* excite and disturb, and this alone sifts truth from error. Friends seldom or never quarrel. They may disagree, but in kindness of spirit. It is not the *worst* thing to tear colleges assunder. It is *much* worse to sacrifice principle and honor. Woe unto him *by* whom the

offence cometh. Upon the shoulders of those who, to gratify passion or personal pique, jeopardize the *interests* of Homœopathy, and put *back* the car of medical progress by malignant secession and vituperation, rests the *burden* of the act.

Point 6. So far as malice, envy, misrepresentation, and striking hands with evil go, "these things ought *not* so to be." In the beginning of every reform, *all* do not see the same thing through the same eyes, or from the same standpoint. Yet each should aim to have "Malice toward *none*, but Charity for *all*," and together move forward toward the grand consummation. Yet on *no* account are we to abandon principle for mere policy. No, not even for the sake of ease and quietude.

Point 7. If truth *has been* taken from an unworthy generation and revealed to a successor, we venture the assertion 'twas on account of the *compromises, fears, and desire for comfort and quietude* of those to whom it was first entrusted. Let *us* take warning.

Point 8. This is ambiguous. Still, giving it the best possible interpretation, it smacks strongly of compromise and a surrender, indicative of lethargy and paralysis. Plainly printed upon the second face of the cover of the *Hahnemannian Monthly*, are four objects, or four ideas, (emanating from *men*) which it is the business of this journal to disseminate and defend. The patrons, students, friends of this journal, and the College which it represents, subscribe to and *believe* in the great principles thus enunciated; and we do *not* believe they can or *will* make these ideas or principles subservient to measures or plans for deceptive peace or an imperfect union. We firmly believe these have but one medical object in view, viz:—The honor, perpetuity and advancement of pure Homœopathy. We have but one course to pursue. That course must be firm, persistent and *uncompromising*. The temple of Homœopathy was founded by Hahnemann upon a firm foundation, the stones of which are *living truths* imbedded in the

cement of experience. We are trying to *finish* this glorious temple, and will not accept of fragile material or doubtful measures. Nor will it be safe to employ artizans who *persist* upon a multiplicity of opinions. All engaged in the construction of this temple must accept the design and follow the plans of the Master.

Strife and enmity are extremely unpleasant, and often to be deprecated. And we need constantly to bear in mind, that "a soft answer turneth away wrath, while grievous words stir up strife." Yet we are to bear in mind these words: "have *no fellowship* with the unfruitful works of *darkness*, but *rather* reprove them."

In closing, we *hope* we have misconstrued our brother's words, and that he hath no jeopardizing intention. We feel like extending the hand of kindness and charity to all; and are much more inclined to consider those who *persist* in error and abuse as insane, rather than sane. Let us regard the immortal words of Abraham Lincoln: "With malice towards none; with charity for all." With this before us, let us strive for Purity, that Peace, lasting, enduring, may follow.

We very cheerfully publish the above article from the pen of our late colleague, inasmuch as the *Hahnemannian Monthly* is, and, we trust, ever will remain, an independant journal.

If our editorial had been criticised as a literary production, we should have been content, as it, together with the accompanying editorials and "publications received," were hurriedly prepared, between midnight and morning, to meet the demand of the inexorable "devil" for "more copy," and, it will be perceived, without malice aforethought, Dr. Stow has certainly been able to see more in the article than its author has, and we are of the opinion that he has had the aid of the "double patent million magnifying glasses" referred to by the celebrated Mr. Samuel Weller as instruments of extraordinary visual power. We have no desire or intent to criticise Dr. Stow's literary *salmagundi*, and it would not be well for others were we to do so, but we feel constrained, nevertheless, to offer some few remarks in this connection.

We ask our subscribers to read carefully our editorial, and then, as carefully, Dr. Stow's rejoinder, and judge whether the chaplet of reproaches he has proposed to intertwine for us should be placed on our head—or elsewhere. We have not proposed to "sell out" or to "sacri-

lice principles," and we are not guilty of "treachery, hypocrisy, or recklessness," singly or combined. If what Dr. Stow is pleased to call the "principles of pure Homœopathy" and this journal and the College it represents should all come to grief, they need not shake their gory locks at us—they cannot say *we* did it. We have been bold and outspoken in our views of homœopathic principles and practice, in the few editorials we have had the honor to write for the *Hahnemannian Monthly*, and we have not departed, and do not propose, to ourself or to others, to depart from them.

The charge of a desire to shirk labor is the "most unkindest cut of all." During the past year, we have lectured on Anatomy (not unacceptably, we are told,) in the Homœopathic Medical College of Pennsylvania, acted as Secretary of two important medical societies, edited and attended to the entire business of this journal, and attended to a growing practice—and these with failing health. This work (apart from the private practice,) has been done solely for "the good of the cause;" the petty ambition to be thought "of consequence" having little or no part in our mind, and the monetary remuneration being established on the basis: "*ex nihilo nihil fit.*" To be charged, therefore, by Dr. Stow, with being a skulker, is neither fair nor true.

The tone, tenor, and language of our editorial we are ready to reaffirm. The want of harmony in our school is not creditable to Homœopathy or homœopathists. In the majority, if not in all cases of quarrel, it will be found that mere *men* are involved, not *principles*; and *men* must go down before *measures for the common good*, if our cause is to prosper. *Allopathy can attack us with worse weapons than she has yet used.* She can adopt a Homœopathy, and ignore Hahnemann and us; and she is now on the fair road to doing both. We therefore sounded the tocsin of alarm, and we call on all who have for their shibboleth "similia" to prepare to meet a *common enemy*, to wage relentless war for their rights, and to have for themselves, and within their own camp, this password: **WE WILL HAVE PEACE.**—*Editor H. M.*

NEW BOOKS.—Our enterprising pharmacutists and publishers, Messrs. Boericke and Tafel, have in press several new works pertaining to our science and practice, by Drs. Bell, Breyfogle, Burt, and, we believe, others. From the well known character and abilities of the writers named, we may expect that the forthcoming volumes will be valuable additions to our rapidly growing "homœopathic" library.

KEY-NOTES ; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M. D.

(Continued from page 262.)

Arsenicum album.

THIS remedy is always brought before my mind in cases in which there is *great anguish*, which seems to characterize all the sufferings of the patient. Fainting spells; chilliness, with or without thirst. There is fear of death, which is also characterized by this feeling of intense anguish. The sufferings indicative of arsenicum are of a very great degree; deep, intense, and agonizing: for instance, in the symptom "burning," the more intense the feeling of heat—as if it were a fire in itself—the more pre-eminently does it indicate this drug.

Pain in the head, very severe, stupifying and *exhausting*. The sufferings of arsenicum may be said to be characterized, also, by their being exhausting; this resulting, probably, from their depth and intensity. *Headache over the left eye*, very severe and exhausting: ameliorated by warm applications. Arsenicum 8^m, will cure these cases permanently.

The *scalp* is covered more or less by *dry scales*, scabs or crusts; these sometimes extending downward upon the forehead, ears and neck. For such cases arsenicum is well suited, particularly if the cervical glands, being enlarged, may be felt as a series of hard nodules under the integument. Sometimes the hair is swept from the scalp in circular patches, here and there, the bare spots of scalp being rough and rather dirty looking. Arsenicum 8^m, one or two doses, will suffice for these conditions. We frequently find the scaly condition of the scalp, above alluded to, in young children, particularly during the period of dentition; their stools often light-colored and offensive, and sometimes containing undigested food. In a few weeks after a dose of Ars. 8^m, they are relieved of the whole trouble.

Ophthalmia, of children, when the skin is rough, dry, and dirty looking. They cannot bear the least ray of light, suffering intense pain therefrom, which is accompanied by profuse lachrymation. Sometimes the eyelids are enormously swollen, and the eyebrows stand out prominently: the lids may be agglutinated in the morning. If this condition has continued for some time, ulcers may, and most likely will, be found on the cornea. *Ars. 8^m*, a dose in two or four weeks, will entirely cure the whole condition.

We find patients, whose nostrils, during the cold days of winter, are filled with scabs, which, if torn away, leave the nostrils raw and bloody for a short time, until other scabs are formed, and this is repeated time after time. If the weather moderates, the nostrils are better, and if a cold spell sets in, they become worse again. Breathing through the nostrils, when asleep, is frequently almost prevented, when at the worst. I give an occasional dose of *Ars. 8^m*, through one or two winters, for these cases, and they remain permanently cured.

Influenza, with a burning, acrid, watery discharge from the nose, with much sneezing and obstruction of the nose: the water drops all day from the nose. *Arsenicum 8^m*, cures these cases very quickly. For persons who are subject to such attacks, every winter, *Arsenicum*, very high, and given at long intervals, will effect a permanent and perfect cure.

Black dots (*acne punctata*) in the face or on the forehead, the whole skin being dry, and looking dirty. *Crusta lactea*, of a dry and scaly nature, often attended with a diarrhoea, with light colored stools.

Very severe *odontalgia*, relieved by warm applications, or by striking the head.

The *mouth is very dry*, compelling the patient to frequently moisten it with a small quantity of water. Tongue looks blue, black or brown.

Everything he swallows leaves a sensation as though it had lodged in the œsophagus. Sensation in the œsophagus as though it were closed, and as if nothing would pass.

The food and drink tastes naturally and well, but, when swallowed, it leaves a bitter taste in the mouth. *Thirst*, for water, but he takes but little at a time, a mere sip; but this he must have very frequently. Disgust for meats, likes fruits and vegetables much better. It often acts well in sufferings produced by eating fruits or vegetables.

Nausea, and sometimes *vomiting*, occurring at eleven in the morning, and at three in the afternoon. Vomiting *immediately after* drinking or after eating. Vomiting every night of what has been eaten during the day.

Violent pains in the stomach, while vomiting, causing great distress. Vomiting of grass-green matter. (This is a striking feature indicating the use of *Ars*). Vomiting and stool at the same time.

Pain in the stomach or abdomen, while eating, or immediately after. This pain frequently obliges him to take no more food at the time. Immediately after taking a reasonable amount of food, a sense as if "full up to the throat" occurs. (*Lycopodium*, after taking a very small quantity). Sensation of weight in the stomach, as though a stone lay there. *Lancinating pains* in the stomach, frequently extending into the chest, often occurring only at night.

The patient cannot drink cold water, although very desirous to do so. It either causes pain, or lies in the stomach as a cold mass, or as a foreign substance, for a long time after, which is very distressing. I have frequently removed this trouble with a single dose of *Ars. 8^m*, so that water again became the most grateful of beverages.

Burning, like fire, in the pit of the stomach. Sensation as of gnawing in the pit of the stomach.

Burning lancinations in the abdomen, with great restlessness, tossing and turning. Writhing or twisting sensation in the abdomen. All unpleasant sensations in the abdomen are aggravated by eating or drinking.

Constipation, with inability to drink cold water, as above described.

Diarrhœa, aggravated by eating or drinking. Twisting

sensation in the abdomen before every stool. Burning, like fire, in the anus, in patients who have, or who have not, fissures. Diarrhoea, with stools containing undigested food, and accompanied with emaciation and loss of strength. In children who are weaned too early and "raised by hand," this condition often obtains. A single dose of Arsenicum, 8^m, has, in my hands, cured a very great number of these cases, even in the most advanced stages.

The worst cases of "BILIOUS DYSENTERY" are frequently cured by this remedy, when there are the following conditions present: great exhaustion from every exertion; great distress and restlessness, worse after twelve at night, water taken frequently, but in small quantities. I give the 8^m, sometimes twice or thrice daily.

Paralysis of the bladder; particularly after parturition. Not the slightest desire to urinate is experienced, although the bladder may be filled with urine. The patient has no power to pass water; she seems to have lost all control over the power to emit. A single dose of Ars. 8^m, will cause her to void her urine in a very short time. *Greenish urine.*

Intertrigo of children, occurring particularly in the groins, and extending to the scrotum.

Cough, excited by a sensation as if the fumes of sulphur was inhaled, as from a lucifer match. Sensation as if one were inhaling dust.

Asthma. After coughing, the dyspnœa is increased, and there is a sensation as of contraction of the chest or stomach. when coughing, or immediately afterwards, a sensation of suffocation is produced, and it is with great difficulty that free respiration is re-established. The asthmatic attacks are characterized by severe and very distressing aggravations.

Wheezing respiration, with cough, and expectoration of frothy mucus. Windy weather seems to aggravate the dyspnœa, even when the patient is well protected, or in a warm room. Dyspnœa greatly aggravated by going up stairs. A sensation of constriction or contraction of the chest, is very characteristic of Arsenicum.

Palpitation of the heart, with anguish ; he cannot lie on his back. The palpitation is excited by going up stairs, and is attended with the characteristic anguish.

A general lack of will-power over the upper and lower extremities. More or less numbness, or sensation of heaviness.

Dark blisters on the fingers or toes, burning like fire ; spreading and having dark edges. Unrefreshing sleep, in consequence of troubling dreams ; fatigue seeming to be increased by sleep. Everything seems to go wrong, and to vex and worry the patient, during sleep, and tires him. Great restlessness during sleep ; constant tossing and turning.

In *fevers*, the patient wishes to be kept covered ; drinks little and often ; cold water disagrees, producing chilliness, pain, instant vomiting, or a cold and heavy feeling in the stomach. Chilliness, and a hot fever at the same time. Chill, as if produced by cold water trickling down the back. Intermittent pulse. Cold and clammy sweat, with great exhaustion from the least effort.

Absence of the *menses* for a long time, in women of pale, wax-like complexion, who are greatly debilitated ; the least exertion causing great fatigue ; restless sleep, with fatiguing dreams, etc. One dose of Ars. 8^m, will affect a cure in these cases.

General *anuresis*, with wax-like skin, and great debility.

Anthrax, burning like fire. Cold, blue skin ; dry as parchment, and sometimes peeling off in large scales.

Complaints arising from being in cold, wet places, for a long time ; or from living in damp houses.

In *gangrena sicca*, or *gangrena senilis*, with coldness and desire for more coverings, and other characteristics of Ars., that remedy should be thought of, and a high potency (8^m.) administered.

In *acute gastritis*, with painful vomiting of grass-green fluids or solids, or with vomiting immediately after drinking, Ars. 8^m, one dose will often effect a cure, when lower preparations appear to be useless.

In *mania-a-potu*, with furious raving and cursing, and re-

quiring the strength of several men to prevent the patient escaping; great thirst for cold water, a mere sip being taken at a time, but very ravenously. *Ars. 8^m*, has proved very efficient.

Inflammation and swelling of the genital organs, threatening a gangrenous condition; with nightly restlessness, coming on in paroxysms. Rawness of the scrotum, which has a bluish look; particularly in young children; with the characteristic nightly restlessness.

Croup, with coryza and stoppage of the nose, so that the child cannot breathe through the nostrils; worse at night, and accompanied with great restlessness and uneasiness. One dose of *Ars. 8^m*, will cure.

Cholera infantum, with vomiting and purging at the same time, and with great exhaustion; the vomiting and purging being aggravated by every particle of food and sip of water taken. A single dose, as above, is all sufficient.

Spots upon the tongue burn like fire, and threaten to become gangrenous.

Chronic hydrocephalus, with great emaciation, dry and shrivelled skin, nightly restlessness, and dyspepsia.

Pneumonia, with dark and offensive expectoration, and great weakness. The patient does not *feel so weak* until he attempts to move or sit up, when he is greatly disappointed at discovering his truly debilitated condition.

Arsenicum should be given to *teething children* with nightly restlessness, diarrhoea containing undigested food, and emaciation.

(To be continued.)

EDITORIAL.

WE received some time ago the following letter, which is self-explanatory :

Philadelphia, Jan. 15th, 1869.

MY DEAR DOCTOR:—I have noticed in several of our penny papers, a squib to the effect that a *union* had been effected between the Homœopathic Medical College of Pennsylvania and Hahnemann College, and that the *name* and faculty of the last-named institution would be retained. This was, doubtless, a premature and ill-advised notice, but nevertheless indicates, what is now a well known fact, that certain high-contracting parties in this City of Brotherly Love have agreed to bury the hatchet, wash off the war-paint and “let us have peace.” I heartily rejoice at the “Union,” particularly as I know that the major portion of the faculty of the old college were as anxious to have it brought about as any members of the profession could possibly be, and I am just as well satisfied to have the faculty that of Hahnemann College, particularly as I know that the same major part of the faculty of the old College have been, for some time, disgusted with things collegiate ; but when it comes to dropping the charter of the old school, and allowing its time-honored name,—the name of the first-established Homœopathic College in the world—to pass into oblivion, I am sure that I am but giving point to the feelings of its hundreds of alumni in protesting most earnestly against such a course. It will be a *great mistake* for the new *regime* to do this thing, and any sophistry such as its not being the same old college in consequence of a change of charter, will not avail to screen them from the just indignation of the many graduates of the old college, who are the parties upon whom they must, mainly, depend for students. They want to unite the profession in support of the school under its new management, and this they can do by carefully guarded conduct, but I am sure they will make the breach ten times wider, if they do not retain the name of the old corporation. The graduates of Hahnemann College are but twenty-four in number ; the graduates of the Homœopathic Medical College of Pennsylvania many hundreds. These hundreds will certainly not feel well pleased with the men who have buried out of sight their alma mater, will never forgive them for the act, and can never be convinced that it was not the result of spite. If you publish or allude to this letter, I hope it will be the means of causing the alumni of the old school to speak out plainly as I have done.

Yours, very truly,

* * * * *

The letter of our correspondent alludes to a matter of some importance. By the sale of Dr. Lippe's *stock* to Dr.

Hering, the latter gentleman acquires control over the future destinies of the Homœopathic Medical College of Pennsylvania. To this arrangement the balance of the faculty of the Homœopathic Medical College of Pennsylvania gave their most cordial assent; glad to help bring about harmony, for the sake of the best interests of Homœopathy, and being well assured that Dr. Hering and his associates know how to keep—if not a hotel—at all events a college, and being greatly pleased at the prospect of a release from the bondage of professorial life. In reference, however, to the dropping of the title of the old college, our correspondent has touched a chord that will find unison in many a heart. We judge by our own feeling in the matter. We certainly could not feel like cordially supporting the men guilty of “the deep damnation of the taking off” of our *alma mater*.

We observe with pleasure that the editor of the *New England Medical Gazette* has given utterance to his views in this matter, and that they accord with our own. Let there be an expression of opinion so that “the powers that be” may act advisedly.

BERRIDGE'S REPERTORY—We desire to call the attention of our readers to the carefully arranged repertory, the publication of which is commenced with this issue of our journal. In order that it may have a fair start, we have given two forms, of 16 pp. each, to the work, and, in consequence, have issued a double number, (Feb., Mar.,) containing 96 pages. We will continue the publication of this work, devoting, however, less space to it in our succeeding issues. We have had it paged independent of the folios of the journal, and would suggest, inasmuch as each chapter will be complete in itself, that when “Chapter I.—Eyes” is completed, it be separated from the journal and stitched in a temporary cover, with interleaves. Each subscriber would then have a valuable repertory for affections of the eye, in a convenient form for the office desk, to which, from time

to time, could be added whatever had been omitted, or the results of any new provings or clinical developments.

THE TWENTY-FIRST ANNUAL COMMENCEMENT of the Homœopathic Medical College of Pennsylvania, will be held in Musical Fund Hall, on Saturday, February 27th, at 12 o'clock, noon. The Valedictory Address will be given by Pemberton Dudley, M. D., Professor of Chemistry.

THE SECOND ANNUAL COMMENCEMENT of Hahnemann Medical College, will be held at the Academy of Music, on Saturday, March 6th, at 12 o'clock, noon. The Valedictory will be delivered by Henry N. Martin, M. D., Professor of Clinical Medicine.

HOMEOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.—The annual meeting of this Society, will be held at Wilkesbarre, on the third Tuesday in May next, 18th. Members, and especially those appointed to prepare reports, will please take timely notice. It is hoped there will be a large attendance on this occasion, and that every committee will report in full. We trust, also, that we shall have the pleasure of seeing a full representation of delegates from other societies. Members who have been appointed to prepare papers, and who may find themselves unable to attend the meeting, are requested to forward their communications to the Recording Secretary, Bushrod W. James, M. D., 1621 Green Street, Philadelphia; or to the editor of this journal. Members who have not yet paid their dues will please note that a large balance is yet due our printers.

PUBLICATIONS RECEIVED.

Classification of a Few of the "New Remedies," according to the parts of the body acted upon, after the plan of Bönninghausen. By Temple S. Hoyne, A. M., M. D. (Reprint from *Western Homœopathic Observer*.) St. Louis, Mo.: H. C. G. Luyties, publisher, 1868.

The mere title of this book sufficiently indicates its character and contents. It is a "Repertory" to the "Materia Medica of New Remedies,"

and arranged after the manner of Bonninghausen's "Pocket Book." It greatly enhances the value of Dr. Hale's work; in fact, every possessor of the latter should certainly have a copy of the "Classification." We are surprised to see Dr. Hoyne charged with not giving credit to Dr. Hale for the *material* upon which his work is based. We suppose that Dr. Hoyne had no idea that it would be thought necessary that an announcement of a fact so well understood should be made; and the words "New Remedies," within *quotation marks*, on the title page, sufficiently accredit the source of information.

Practical Homoeopathy for the People, adapted to the comprehension of the non-professional, and for reference by the young practitioner, including a number of most valuable new remedies. Eighth edition. By J. S. Douglass, A. M., M. D. Chicago: C. S. Halsey, 1868.

A neat hand-book of 129 pp., adapted for domestic practice, and by one of our oldest and most reliable practitioners. As an evidence of its usefulness and popularity, seven editions have already been exhausted. The latter part of the book is taken up by "indications" for a number of the remedies most frequently mentioned in the body of work. It is a fact not a little singular, and one which might, if followed, give rise to considerable speculation, that western physicians use, as evidenced by this little book, the "New Remedies" to a very great degree, while those of the eastern section of our country do not resort to them nearly so often, and in Europe (except in England) they are scarcely used at all, and yet, at the same time, it is but fair to say that all are alike successful in the treatment of disease.

Reproduction: Physically, Physiologically and Spiritually considered. By Henry N. Guernsey, M. D. Read before the Philadelphia Medical Society, Nov. 12th, 1868.

This is a handsome reprint from the *Hahnemannian Monthly*, by Messrs. De Armond & Goodrich. We observe, by the way, in the February number of the *Investigator*, that this paper of Dr. G.'s is treated with a great deal of very *distinguished consideration*, and in rhyme, too, by a new light in the critical firmament, one Carl Müller, who is of near kin with his distinguished predecessor, the celebrated chemist and physiologist, or we judge so, at least, from the stupendous grandeur and magnificent results of his *critical analyses*.

Twenty-sixth Annual Report of the Managers of the Pennsylvania Institution for the Blind. Presented to the Corporators at the Annual Meeting, December 17th, 1868.

It is almost impossible for those who enjoy the great blessing of sight to fully appreciate the great amount of good done by this and similar institutions. The following table may aid the formation of a just opinion in this regard:

Of all the pupils of this institution, whose subsequent history has been ascertained, we have the following interesting results: Founders or Principals of other institutions, 6. Teachers of music and piano tuners, 34. Organists in churches, 10. Teachers of literature and science, 20. Masters of handicraft in other institutions, 3. Teachers of handicraft, 11. Vocalists and teachers of singing, 10. Working at handicraft, 116. Trading, storekeeping, &c., 18. Lecturing agencies, &c., 7. Ministers of the gospel, 2. Member of the Legislature, 1.

Introductory Address, delivered before the class of the Medical College of Ohio. By Theophilus Parvin, M. D.

If this address was as well delivered as written, it must have been a treat to listen to it. It is an excellent specimen of *fine writing*.

The Sugar Insect—"Acarus Sacchari," found in raw sugar. By Robert Niccol, Esq., Greenock, Scotland. Philadelphia: De Armond & Goodrich.

This is a pamphlet of seven pages, gotten up in the interest of sugar refiners, to show us what "horrid nasty bugs" are found in "raw" sugar, and how nicely they are removed by the process of refining.

The Western Homœopathic Observer. Jan., 1869, Vol. VI., No. 1. Conducted by Wm. Tod Helmuth, M. D. St. Louis, H. C. G. Luyties.

We gladly welcome the *Observer* in its new dress and greatly-improved appearance. The initial number promises well, and is full of interesting matter. The fact that Professor Helmuth is editor, is a sufficient guarantee that the journal will be conducted with ability and energy.

The Homœopathic Quarterly, a journal devoted to the interests of pure Homœopathy. Rollin R. Gregg, Editor and Proprietor: Buffalo, N. Y., Vol. I., No. 1, January, 1869. One dollar per annum.

Dr. Gregg has for some years devoted himself to the study of the cause and cure of *tuberculous phthisis*, and he has established this periodical for the purpose, mainly, of laying before the profession his views on these important subjects. In the table of contents we find the following valuable articles: "The Cause of Tuberculosis;" "Indications for Drugs in Pulmonary Diseases;" "The Physical Evils of Alcohol;" which are alone worth the price of subscription.

New England Medical Gazette, edited by I. L. Talbot, M. D., Boston.

The fourth volume of this journal commenced with the January number, with Dr. Talbot as sole editor. It has been from the start an ably conducted and valuable magazine, and well maintains its good character. Words of praise in its behalf are superfluous.

The Ohio Medical and Surgical Reporter, edited by T. P. Wilson, M. D. Cleveland: Witte & Co. Bi-monthly, one dollar per year. Vol. III., No. 1, January, 1869.

We are very glad to note the re-appearance of this excellent and welcome journal, which is always sound, and conveys, in each number, some valuable information.

American Journal of Homœopathic Materia Medica, Jan., Feb., Phila.

United States Medical and Surgical Journal, (quarterly). Jan., Feb., Chicago: C. S. Halsey.

American Homœopathic Observer, Jan., Feb., Detroit: E. A. Lodge.

El Criterio Medico, Madrid, Spain. To January 25th, 1869.

Monthly Homœopathic Review, London: Turner & Co. February, (January No. not received.)

Medical Investigator, Jan., Feb., Chicago: C. S. Halsey.

Homœopathic Sun, January, New York: Wm. Radde.

Monthly Homœopathic Independent, A. P. Skeels, M. D., editor. Dec. Jan., St. Louis.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M. D., SECRETARY

THE January meeting of this Society was well attended, and a number of medical students from both colleges were present. Dr. Gardiner, President, filled the Chair.

An amendment to the *rules of order*, offered at the last meeting, was taken up and unanimously adopted.

Rufus Sergeant, M. D., was proposed for membership, and duly elected.

A letter from R. W. Martin, M. D., withdrawing from membership in consequence of change of residence, was read by Secretary.

DR. WILLIAMSON then read a paper on *Gossypium herbaceum* (see p. 315, H. M.). This was followed by an essay from Dr. Jacob Jeanes, entitled "Duration of Operations" (see p. 323, H. M.).

A discussion was then proceeded with, which took a wide range, but was, nevertheless, very interesting.

DR. H. N. MARTIN, thought that the efficacy of the action of *Gossypium* was greatly dependent on the quality and age of the preparation. He instanced the case of a clerk, who thought he could not afford to let his wife have any more children than she then had, and told Dr. M. that he had given, in order to produce abortion, the tincture of *Gossypium*. The woman had commenced by taking ten drops, finally reached a half-tumblerful at a dose, and continued until she had taken all there was in the Buffalo Pharmacy, without any perceptible effect, excepting a slight dullness of the head.

DR. WILLIAMSON.—We find it necessary to weigh negatives as well as positives, although the force of no negation is sufficient to turn aside the weight of a positive fact. He had no doubt of the correctness of Dr. Martin's statement, and no doubt that the *Gossypium*, in the case related, had no effect. There are two ways of accounting for the failure; first, the person experimented upon might not have been susceptible to the action of that remedy; a condition of things we very frequently meet with; or, second, the preparation might have been worthless; and this is the more likely. He has heard of physicians having given a half ounce of *Secale*, without effect. He had no hesitation in pronouncing that the preparation used was not good but was inert. So, too, it had been testified that the hands on board the western steamboats had been known to draw tin-cups full of tincture of *Gelsemium*, and drink it for the sake of the alcohol, without any injurious effects from that drug. Now, we who know the activity of *Gelsemium*, and what effect it does have, have no hesitation in saying that tincture drank by cupfull is not worth much.

DR. DUDLEY.—It is of course more than possible that the failure to act of *Gossypium* in the form of alcoholic tincture, may be due to the an-

tidotal properties of the alcohol; or, again, it may be that that part of the plant in which resides the active principle, or the active principle itself, may not be soluble in alcohol. Part may be soluble, and part not. Indeed there are many of our drugs, the full activity of which cannot be arrived at unless special means are taken to develop the active agent in their composition. Pharmacutists should endeavor, by using one method of preparation to obtain one part of the plant obtainable in that way, and other methods of preparation to obtain the other parts, as the case may be, to develop, in the full, the activity and efficacy of a given drug.

DR. R. KOCH remarked that in his father's hands *Viola tricolor* in the form of alcoholic tincture, was inert, while in the form of a tea or decoction it is operative. He knew this principle to hold good in many of our medicines, being more active in one preparation than in another; the different preparations of opium, for example.

DR. WILLIAMSON.—The preparation by trituration would obviate all difficulties. The trituration of Peruvian bark is more active than the tincture; and if a physician is desirous of having the fullest effects of opium, he must use the trituration. His (Dr. W's) preparation of Gossypium was prepared by first macerating in water, and then diluting with alcohol. A physician proving or using a drug, will say of it that it produces or cures such and such symptoms or conditions. Another will try it, and deny every assertion made, declaring the drug to be inert. This may be the result of their using different preparations, and this assertion of power and denial of it is true of many medicines. Many years ago, homœopathists had but little knowledge of the best methods of preparing medicines. At that time, he was preparing Absinthium, to send to Hartman, in Leipsic. He expressed the juice and added an equal quantity of alcohol, and then found that his bottle was not yet filled. He poured a small quantity of alcohol on the dregs of the plant, and triturated the whole for some time; to this he added some more alcohol, when he found the whole to be of a beautiful, clear, brown color. He concluded that the process of trituration had enabled him to get at and solve the resin of the plant, which usually, if not always, is the most important part, and much more active than the mucilaginous portions. If the announcement recently made should prove true—and he was free to say that he believed it would so prove—that the animal economy has no power to take up, assimilate, or imbibe simple elements from nature, it will prove of great importance to the science of medicine. It is asserted that for the animal kingdom the elements must first be prepared in a laboratory of nature (the vegetable kingdom), and there assume the proper form that renders them fit for assimilation; and, on the other hand, the vegetable kingdom is incapable of taking up or assimilating organized matter, but only the simple elements. If this is true, it will, when received, do away with the formula of prescribing iron, etc., either in simple form or as found in the chemists laboratory, as it cannot be taken up by the system.

DR. JACOB JEANES thought Dr. Williamson had not spoken very favorably of the medicinal qualities and powers of the mucilaginous parts of plants. He had made some experiments which had made him careful in using the mucilaginous parts of some of our medicinal plants. He had made a decoction of *ulmus flava*, carrying it up, gradually, to the sixtieth. After taking it, he was, while sitting at the bedside of a patient, greatly troubled with a very unpleasant feeling of *formication*, in his feet. He had not been sitting long enough to occasion it, and, in fact, had it frequently afterwards, when not sitting or doing anything that might cause it. Shortly after, a lady complained to him of this very sensation. He gave her ulmus and it disappeared. Six months afterwards it returned, when another dose of ulmus again removed the trouble. A gentleman was troubled with numb, creeping pains in his legs and feet. He had taken from his own box, *Rhus*, etc., and then came to him (Dr. Jeanes). He gave him the preparation of ulmus, and shortly afterwards the gentleman told him he had, after taking the medicine, experienced quite a different sensation—that of warmth—and had then got well. He had prepared *Lichen crispus* in the same manner, and ranked it, for some things, with *Spigelia*. In cases of *irregular pulse*, where it becomes quickened for fifty or sixty beats, and then reverts to the normal standard, to again become accelerated, and so on; *Spigelia* was indicated, and would cure most cases, but there are some cases *Spigelia* does not cure, and to these *Lichen crispus* will be valuable. As regards the statement of Dr. Koch respecting *viola tricolor*, he would say that acting on the advice of his friend, Dr. Kitchen, he had seen very serviceable results following the administration of that remedy in alcoholic preparation, in rheumatism of the right wrist.*

DR. R. KOCH, felt disposed to dispute the nourishing qualities of water and air. We have two kinds of food; first, that which is positively and directly nutritious, and second, that which may be regarded as adjuvant; that which passes through the regular processes of digestion and assimilation, and that which is necessary for the holding and preserving of our bodies in proper form and shape; necessary for the preservation of the proper shape of the cells, that aliments may act as nutrients.

DR. JEANES.—Is not the fact that they enter into the body, to serve only the purpose just mentioned, that of preparing or accommodating receptacles for the more strictly nutritious particles, is not that sufficient to entitle them to be called nutrients. Various kinds of matter are

* Dr. Jeanes, who is usually so very accurate, evidently refers to the action of *viola odorata* on the right wrist, as reported by Dr. Kitchen in the *Philadelphia Journal of Homoeopathy*, some years ago. Cases were there detailed with great exactness, showing the promptest action of *viola o.* in rheumatism affecting the *right carpal* and *metacarpal* joints. The cases may be likewise found in the *British Journal of Homoeopathy*, Vol. XXIV., p. 314.—Ed. H. M.

taken into the system, for there are a variety of processes to be carried on, all to bring about the process, or to complete it, of nutrifying the body. Why not say, therefore, that all taken in to complete this process are deserving of the name of nutrients. He viewed the different parts of the system, as, so to speak, a series of galvanic batteries. The aliment used by one battery is passed on to another and to another, each taking out that part or proportion or constituent needed to carry on the vitalizing process, until finally all is taken out that can be, or that is needed, and the refuse is passed out of the body. He has always felt inclined to doubt the doctrine that the tissues are constantly being made and unmade, and is more inclined to believe that when once made they stay made. We are told that a man changes completely in seven years; now, what proof have we that the atoms of which he is now composed are not the same as those which constituted his body when it was first made. He had been unable to reconcile himself to a belief in this doctrine, and could see no good reason for this making and unmaking.

DR. WILLIAMSON.—If, then, a man does not eat or drink, why does he lose flesh and run down; and why have we, every day, to take in a new supply. The truth is, we must take in the very elements that are being wasted, or we will die. He wished to be understood in regard of his former remarks. He meant to say that we do not take up oxygen as oxygen, or hydrogen as hydrogen, but we take both in the form of water, etc.; we do not take these or other elements in their nakedness, but in their organized condition.

DR. GAUSE.—In regard to the theory that Dr. Jeanes has broached, he feels that man does not live as an organized being merely. We are to look for the origin of life, and we find that in the primary cell. The aggregation of cells form tissues; the aggregation of tissues form organs and parts; and the aggregation of organs and parts form a man. It would be not a little singular if Dr. Jeanes should have in his body a cell, say forty years old. It would be a very old cell. I am sure that he has some that are not more than a month old. The truth is, we live molecularly and we die molecularly. There is constant cell birth and constant cell death. The cell birth must be in the ascendant, to keep up life. If the retrograde metamorphosis—cell death—be in excess, the whole body runs down, until by and by the man really and anatomically dies, having been molecularly dying for some time.

DR. R. KOCH.—If the cells of the body remained, we would not find them passing off; but we do find them thrown off by the skin, in the sputa, in the urine, in the sweat and in all excrements. The more a part or organ is used, the greater the destruction of cell life, and, too, the greater the activity in cell creation. Thus, when Dr. Jeanes wrote his able paper, that we have heard to-night, there was increased destruction of brain-cell tissue, and a corresponding increased activity in the formation of new brain-tissue cells. The organs which do the least work

are the slowest in being destroyed and built up, and *vice versa*. Some medicines retard the activity of the system (*opium*, for instance), and these have a long duration of action. Others, on the contrary, accelerate the activity of the system (*aconite*, for instance), and these seem to have but a short duration of action. These principles might be applied in some way to the understanding of the duration of action—*Wirkungs-dauer*—of medicines.

DR. S. S. BROOKS introduced to the notice of the Society Dr. Lentz's high potencies, which are now offered for sale; said to be prepared on the Hahnemannian plan, with "Lentz's improvement." Drs. Brooks and Williamson testified to the integrity of Dr. Lentz, and to the efficacy of his preparations.

DR. BUSHROD W. JAMES was of the opinion that until Dr. Lentz fully discloses his method of preparation, and tells what is meant by "Lentz's improvement," we should use the preparations of our own pharmacologists, Boericke and Tafel, about the preparation of whose high potencies, we know everything.

DR. H. N. MARTIN followed in some remarks as to what, in his opinion, constituted a quack medicine. He contended that if we know what a medicine is, it should not be stigmatized because we do not know the method of its preparation. We know as little of Tilden & Co's preparations as we do of Fincke's, and yet we use them.

The Society then adjourned at 10 o'clock.

MEDICAL SOCIETY OF CHESTER AND DELAWARE COUNTIES.

THE Homeopathic Medical Society of Chester and Delaware Counties met at Coatesville, with Doctor James L. Scott. Doctor Joseph E. Jones, President, in the chair.

In the absence of the Secretary, Doctor J. B. Wood was appointed Secretary *pro tem*.

After the reading of the minutes of the last meeting, and the election of Doctor Harry E. Williams, of Coatesville, to membership:

Doctor Scott asked the advice of the members present in regard to a case of supposed Bright's disease in a patient which he introduced to the members. His diagnosis of the case was confirmed by all present, and several remedies suggested.

Dr. Wood read a paper on the use of *Ustilago malis* in uterine hemorrhage. Three cases, two of which were very severe and long-continued, were cured promptly by the 2d decimal trituration, a powder of four grains every four hours.

DR. PRESTON, of Norristown, detailed a case occurring in a person 56 years of age, who had an apoplectic stroke about three years previously, whose symptoms suggested to his mind the speedy supervention of general paralysis and death. Cured by *Anacardium* 2c. the symptom which called his attention to this remedy being *the loss of memory*.

Also, a case of hæmorrhoids, with intense pain in the back and through the whole pelvis, enlargement of the prostate gland, with retention of urine. Cured by *Staph.* 2c. the pain ceasing after the first dose.

Also, a case of hemorrhage from the bowels during Typhus abdominalis, in which the patient was reduced to the very verge of the grave. Cured by *Nux moschata* 2c. so that the patient was about in ten days; no hemorrhage occurring after the administration of the medicine.

He also detailed a case of sore throat and mouth following Scarlet fever, in which he despaired of the patient's life, there being almost total inability to swallow, and fluids being swallowed with more difficulty than solids. Cured by *Lachesis* 10m. (Fincke.)

DR. JONES detailed four severe cases of Diphtheria, two of which proved fatal in a few hours; the others seemed to be doing well.

He also presented a paper prepared by himself, with much care, entitled "History of Homœopathy in Chester County," which was ordered to be published for distribution.

J. B. WOOD,
Secretary pro tem.

OBITUARY

At a regular monthly meeting of the Homœopathic Medical Society of the County of Kings, held December 8th, the following obituary notice of Dr. Joel Bryant, late of this city, was presented by the President, Henry Minton, M. D., and unanimously adopted by the Society:—

DR. JOEL BRYANT, the subject of these remarks, was born in Northport, Suffolk County, Long Island, November 10th, 1813.

The first few years of his professional life were spent in his native village. He came to the City of Brooklyn, in October, 1850, and has been actively engaged in the practice of his profession, to which he was most devotedly attached, until the day before his death. In the year 1852, he contracted a severe cold, from which he never entirely recovered; during the acute stage of this attack, which finally settled in his right knee-joint; he was confined to his bed for some three or four months. The bones of the right leg became necrosed, and from this time until the day of his death, he was never free from pain, when awake.

for a single hour. For years past, he was frequently obliged to walk the floor of his room all night, pain and suffering effectually banishing sleep.

He was prevented, by his infirmity, from actively associating with his fellow-practitioners, which was to him a source of great and constant regret.

The activity of his mind was untiring, and when urged to relinquish his practice, he invariably answered, that he would not live a week should he do so.

The day before his death, he sat in his office attending to the sufferings of others, entirely heedless of his own.

For nearly two months previous to his death, his sight became impaired, and it was with extreme difficulty that he could see to read or write.

His death, which took place on the 20th of November, 1868, was a welcome boon to himself, though a sad blow to his numerous friends.

Dr. Bryant was a graduate of the Pennsylvania Medical College; he was the author of several treatises on Homœopathy. Perhaps no work on homœopathic practice is more familiar to the profession at large than *Bryant's Pocket Manual*.

I would respectfully submit, for endorsement, as the expression of this Society;—

That in the death of Dr. J. Bryant, who, though not a member of this Society, was an active and efficient member of the profession at large, we mourn the loss of a firm and persistent advocate of Homœopathy, and a friend of the suffering poor.

That we tender to the large circle of friends and patrons of our deceased brother, who, by his death, lose a skilful physician and valued friend, endeared to them by many acts of kindness and devotion to their welfare in hours of affliction and trial, our heartiest sympathy.

That a copy of this report be handed to the family of our deceased brother, and also be made public through the daily press.

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INFANTILE PNEUMONIA—ATELECTASIS.

BY J. H. P. FROST, M. D.

Id genus morbi plus periculi, quam doloris, habet.—CELSUS.

NOT a few physicians have remarked the extreme *pulmonary feebleness* of infants, whose parents—one or both—were consumptive. Many of these, indeed, pass in safety through the usual dangers and diseases of childhood, only to fall a prey to hereditary *phthisis pulmonalis*, after reaching the period of puberty. But numerous others perish *in the first five years*, in consequence of congenitally deficient development of the pulmonary organs and their accessories. These have commonly been regarded as cases of *infantile pneumonia*.

Since it has become known, however, that true parenchymatous pneumonia is an affection exceedingly rare during these tender years, the determination of the real nature of such frequent and fatal cases becomes as indispensable in therapeutics, as it is interesting in pathology. And if, in treating patients suffering apparently from infantile pneumonia, we have, in reality to contend against dangers arising from imperfect pulmonary development, rather than against those attendant upon acute inflammation, it is, to

say the least, essential that we should know it. The difference between the two forms of disease is great and fundamental; it corresponds to that between *hydrocephalus* and *hydrocephaloid*,* in inter-cranial disorders,—the former representing the sthenic, the latter the asthenic condition. In a similar manner we have, in true pneumonia, *hepatization* in consequence of preceding inflammation; and in the more common form of so-called infantile pneumonia, *collapse* in consequence of primary (congenital) or secondary *atelectasis*.

The differential diagnosis of pneumonia and bronchitis in children, was originally recognized by Reil, as long ago as 1792. But M. Lèger is said to have been the first to describe—in 1823—as a distinct affection, the pneumonia of children, both in acute and chronic forms of the malady. In the course of the next fourteen years, the subject was so fully investigated by others, that “not only were the distinctions between bronchitis and pneumonia affirmed as established, but the essential lesional changes characterising the latter asserted to be so satisfactorily demonstrated, that it could be laid down not only that pneumonia was a common disease in children, but that as it attacked them, it was different from the pneumonia invading adults.” But the final determination of the essential nature of this disease was arrived at through successive changes in opinion, which we will briefly indicate, since they throw much light upon the whole subject.

The first general distinction in regard to this pneumonia, was that expressed by the terms *lobar* and *lobular*; the latter being recognized as that more especially belonging to children. But previous to this, certain observations had already been made, which finally led to an accurate determination of the nature of this “*lobular pneumonia*” in very young children. In 1811, a case had been reported in which was described a peculiar condition of the lungs of an infant dying four days after birth. The lungs appeared never to

* Marshall Hall, in *Quart. Hom. Journal*, Vol. I. p. 114, Boston, 1853.

have been perfectly inflated,—were condensed, and *sank in water*; they admitted of *artificial inflation*, however, and then seemed to be quite healthy. A subsequent author, in 1821, remarking upon the precaution necessary to be taken in order not to confound with peri-pneumonic condensation (hepatization), a state of the lungs of some weak new-born children, in whom respiration had not been completely established, says: “in this state the lungs are violaceous, deprived of air at certain portions, *sinking in water*; in fine, dense but flabby, soft, flexible, coriaceous, *slightly developed*, and but imperfectly filling the corresponding side of the thorax.” Still later, in 1823, a writer, discussing the causes of death, and the post-mortem appearances found in the bodies of infants supposed to have been suffocated in bed by the mother or nurse, alluded to the unexpanded condition of the lungs, which swam with difficulty in water; and remarked that most new-born children who die, do so apparently from want of, or incompleteness of, pulmonary expansion.

In 1832, the younger Jörg, following out some views of his father, published a distinct treatise on a particular condition of the lungs of new-born children, found after death, in cases where the first act of breathing had been imperfectly accomplished, either because they were puny and feeble, or because they had been hurried into the world before placental respiration had been altogether suspended, and the necessity for pulmonary respiration become sufficiently potent to stimulate all the muscles of inspiration.* In 1835, the subject was more fully worked out by the same author, and the term *atelectasis pulmonum* applied to the condition in question. The twentieth chapter of his *Manual of Diseases of Children*,† second edition, published the following

* Hasse, *Path. Anat.*, Vol. I., p. 253, *et seq.* gives the differential diagnosis of “lobular pneumonia,” as distinguished from the atelectasis of Jörg.

† *Handbuch zum Erkennen und Heilen der Kinder-Krankheiten nebst der Physiologie, Psychologie und diätetischen Behandlung des Kindes*;

year, is devoted to an extended discussion of the same subject; "*unter dem Nahmen der PNEUMONATELEKTASIS oder der ATELEKTASIS der Lungen.*" In the previous year (1835), M. Rubez drew attention to an alteration of the pulmonary tissue, which he called "carnification," and which he affirmed to be distinct from hepatization; but of whose entire symptomatic value he was ignorant. He suggested that it might be simply the result of compression of the pulmonary tissue, and described the lungs as being very dense, of a violet color, *sinking in water*, non-crepitant, and looking like a portion of the lung of a child that had never respired. To this author must therefore be ascribed the credit of linking the congenital, non-expansion, or *atelectasis* of Jörg, to the assumptory *collapse* of the lung, which was so much dwelt upon by subsequent writers.

But it is claimed by the English physician* from whom we take most of these historical particulars, that Dr. Alderson had anticipated both Jörg and Rubez, in a paper published in 1830, in which he described a lesion of the pulmonary parenchyma, which was said to differ from the hepatization of "peri-pneumony." According to Dr. A., "the individual lobes were more dense, of a duller color, *devoid of air*, and *sinking instantly in water*; a condition found uncomplicated with any evidence of pleuritic (pulmonic?) inflammation, the lung being dense and contracted, as if the air had been expelled, and the sides of the air-cells agglutinated together." He also affirmed that the greater number of cases of pulmonary disease occurring at the earliest period of infantile life, may be looked upon as cases of *atelectasis*. And by others it was admitted that a "*fœtal condition*" of the lungs frequently occurred in children who died a short time after birth, and in whom the acts of respiration had been very imperfectly performed.

von Dr. Johann Christian Gottfried Jörg. Zweite Vermehrte und Verbesserte Auflage. Leipzig, 1836.

* Dr. Willshire, *Brit. and For. Review*, Vol. XII., p. 514.

In 1844 appeared the memoir of M.M. Legendre and Bailly,—in which they state that they had convinced themselves of the absence of all inflammatory action in the indurations found in the lungs of a large number of children who die from *pulmonary catarrh*. They found that under particular circumstances, the pulmonary tissue of an infant would re-assume the anatomical state which it presented before respiration was established. And they proved the truth of their views, as against inflammation, by restoring the collapsed lung, by insufflation or inflation, to its normal state. Dr. West subsequently repeated and confirmed the experiments of these writers; and he stated that by the simple experiment of inflation, more light had been thrown on the affections of the lungs in infancy and childhood, than by all the writers of the previous ten years.

The causes of this *atelectatic* condition are of two kinds; one asthenic, the other congestive. In the former class may be included whatever hinders the original free introduction of air into the pulmonic cells; imperfect development of the lungs themselves; general debility, rachitism of the thoracic walls, exhaustion from disease, &c. To the latter class belong catarrhal inflammation and congestion of the bronchia,—by means of which a sort of retraction of the pulmonary tissue is produced, the air is expelled, and the affected portion of the lung gradually collapses and becomes condensed (*carification*). As an attendant upon, or likely contingency of *catarrh*, pulmonary or bronchial, occurs an occlusion or compression of the pulmonary vesicles, or *air-cells*, which, as already stated, terminates in collapse of the affected portion. According to M. Valleix (1846), “a condensed state of the pulmonary tissue, disappearing on insufflation, may very often be found in very young infants.” Dr. Fuchs, writing in 1850, states that “that which many pathologists have denominated *lobular pneumonia* in young children, is a diseased condition of the mucous membrane of the bronchia, *combined with a contingent lesion of the pulmonary vesicles*,—which latter exists normally in the foetus

(*atelectasis*), and which may afterwards be acquired (*apneumatosi*s) from various causes, bronchitis being one of them." According to Barrier,* "the species of bronchitis which has most influence in the production of lobular pneumonia, is that which occupies the smaller tubes, and in which the catarrhal element is most marked; it might be called catarrh of the small bronchi." M. M. Rilliet and Barthez (1851), employ the term *lobular congestion*, a consequence mostly of pulmonary catarrh. "The lung in this state suffers collapse of the walls of its vesicles, as in the foetal state; the vesicles are devoid of any contents, like plastic lymph, or any other fluidity; the diseased parenchyma, *from its turbulence and swelling from congestion*, requires more space; the air is thus driven out of the cells, and the walls of the latter become oppressed." Dr. Gairdner,† 1853, concludes "that the *état foetal*, or collapse of the air-cells, when occurring in a lung that has once expanded, is, in all probability, a secondary lesion, and dependent, in the majority of instances, on a catarrhal condition of the bronchial tubes." He adds, referring to Drs. Baly and Louis, "that in some exceptionable instances at least, collapse of the lung, even in its lobular form, is a disease of adult life;" and, quoting from Dr. West, "that in all essential characters it is the same in children and in adults; that in both a certain degree of pulmonary collapse may be almost invariably found as a concomitant of fatal bronchitis."‡

The reader who has attentively studied these various changes and statements of opinion in relation to the pulmonary affections of young children, and remembers that they are based upon numerous *post-mortem* examinations and experiments, will be prepared to accept the following conclusions:

I. *Atelectasis* is the normal condition of the lung in the *fœtus in utero*.

* *Maladies de l'Enfance*, Vol. I., p. 98.

† *Brit. and For. Review*, Vol. XI., p. 458.

‡ *Brit. and For. Review*, Vol. XI., p. 463.

II. *Atelectasis* is a primary pathological condition in the (asthenic) cases, occurring in the earliest period of infantile life; but a secondary pathological state in those (sthenic) cases which result usually somewhat later, from preceding bronchial (catarrhal) inflammation.

III. *Atelectasis* may be congenital,—becoming after birth a pathological state,—and prove directly fatal in a few hours or a few days, in consequence of constitutional debility, rachitis, *et cetera*.

IV. *Atelectasis* may occur at any time in the course of the first five years of infantile life, in consequence of catarrhal inflammation and congestion of the bronchia, by which the air is so effectually expelled from the vesicles as to determine their permanent collapse.

V. The greater number of fatal cases of so-called pneumonia, occurring in the first five years, are really instances of *atelectasis*,—which arise in consequence of persistence in the foetal, unexpanded state; or in consequence of catarrhal inflammation of the bronchia—"capillary bronchitis."

The primary, or asthenic, and the secondary, or sthenic, forms of *atelectasis* may usually be distinguished with little difficulty; although both are alike apt to occur in children of parents who, if not actually phthisical, yet give decided evidence of weak lungs. But the former seems to be only a continuance or still further development of congenital imperfection and debility; while the latter may arise from bronchial catarrh in children whose respiration had previously been unexceptionable. The *atelectatic* state in newborn, or quite young infants, will be indicated by extreme feebleness of the circulation; respiration too short, too rapid, and manifestly insufficient; and a remarkable blueness of the skin—*cyanosis pulmonalis*—resembling that caused by non-closure of the foramen ovale.* The *atelectasis* which arises from catarrh, corresponds to the collapse or paralysis of the

* Even in the *bronchitis*, which precedes and causes the secondary form of *atelectasis*, there is already a "purplish tinge of the face." Vide CHURCHILL'S *Diseases of Infants and Children*," p. 306.

lungs in *pneumonia notha* of old people. In the one case, as in the other, there are inflammatory symptoms which may be obscure, and at the same time *run a rapid course*; while the crisis and catastrophe are alike sudden and almost simultaneous. And in the young, as in the old, their occurrence should be guarded against with the most watchful assiduity; since prevention,—especially in the very young, as in the very old,—is almost the only possible cure.

Many years ago, I attended, during its first summer, an infant whose father died of phthisis pulmonalis, when it was but three months old. This child had considerable sickness, but made a good recovery, and appeared to possess a much better constitution than I thought possible. The next summer it was seized with a "*catarrh* of the chest,"* and *was* in a dying condition, from pulmonary collapse, before I had an opportunity to do anything for it,—as it seemed to me then.

TREATMENT.—But little space remains, nor is much needed for this part of our theme; since in the earlier stages of *catarrh* of infants or young children, the symptoms will readily aid the practitioner in detecting the proper remedy from the great variety presented by Raue,—to which it occurs to us only to add *Euphrasia off.*

In the *atelectatic state*, CALCAREA c. must always be the principal remedy. *Calc. phos.* may prove useful in the more thin and delicate subjects; as the Calc. c. is suited rather to those more plump. The *asphyxiated* condition (breathlessness resulting from other causes than imperfect development of the lungs) may require Acon., Tart. em., Opium, or China,—according to circumstances. See *Jahr*† and *Leadam*.‡

* Raue, "*Pathology and Therapeutics*," p. 162, under this title gives a brief account of the "capillary bronchitis" of infants. His "*Therapeutic Hints*," pp. 163, 164 and 165, will be found very full and valuable. Neither "Marey and Hunt," nor Leadam, make any particular mention of this affection, or of *atelectasis*.

† "*Repertory*."

‡ *Diseases of Females and Children*," p. 310.

PULSATILLA IN MAL-POSITION OF THE FŒTUS.

BY J. H. MARSDEN, A. M., M D.

IN the issue of the *Hahnemannian Monthly* for January, 1869, I find an article with the above title, by Mercy B. Jackson, M. D., an Accoucheuse, of Boston. In this it is claimed that she has discovered that *Pusatilla* 30 is efficient in correcting mal-position of the fœtus before the rupturing of the membranes. Several cases are reported in which she has successfully employed the above-named medicine, and others are referred to wherein it is said to have been equally efficacious.

All practitioners of the obstetric art will doubtless agree that mal-positions *at time of birth* are comparatively very rare. Of 20,517 cases reported by Madame Boivin, the head presented in 19,810, the breech in 372, the inferior extremities in 238, and the superior in 80. In 15,652 cases reported by Madame Lachapelle, 14,677 were head presentations, 349 breech, 255 inferior and 68 superior extremities. Dr. Collins reports out of 16,414 labors, head presentations 15,912, breech 242, inferior extremities 187, superior 40. Other mal-positions are still more infrequent.

But, are we to infer from these statistics that, in a like proportional number of cases, the fœtus takes its favorable position at a comparatively early period of gestation, and retains it till birth? Or, is it not rather probable that, had we opportunities of examination, we would find in the latter months of pregnancy many cases of mal-position which, if called to attend in labor, we would ascertain no longer to be such? Ladies do not, in this country at least, readily submit to have their condition examined before they are under the necessity of doing so. Hence, most probably, many cases of mal-position existing prior to labor pass unnoticed.

That position of the fœtus which most exactly corresponds to the maternal parts, is that wherein the head

occupies the lowest portion of the uterus, and the back of the child is turned toward the anterior abdominal wall of the mother. But often disturbing causes come into play, which may alter, in different ways, this normal position. As, however, the pelvis and small parts are so admirably constructed with a view to the beautiful mechanism of labor, so we have reason to believe that the uterus itself is endowed with power to correct, in most instances, mal-positions existing previous to labor. Hence, probably, their comparative infrequency at birth. But that they are met with at all, goes to show that there are at least some cases beyond the natural powers of the uterus to correct. This may arise from its feebleness, diseased condition, excessive quantity of the amniotic fluid, or some other adventitious circumstance embarrassing its functions, and placing such individual cases beyond its control.

I presume every practitioner will remember, that sometimes, on approaching a patient in labor, she seems to be much disheartened, and expresses her fears that "all is not right." She has noticed, or thinks she has, that she has carried her child differently from former pregnancies. She has lately experienced a great many pains and commotions within her person—from all which she infers that something must be seriously wrong, and can hardly be persuaded of the contrary. May not such, at least some of them, have been cases of mal-position, corrected in due time by the spontaneous efforts of the womb?—or, term it as you please,—but really cases that have been wrong, but which, without any artificial interference, have become right?

We think this would be an interesting field of inquiry, and if patients would in due time submit to the proper examinations, and physicians would carefully make them, no doubt much advantage would result to both.

We are not to be understood as absolutely denying the power of *pulsatilla*, or any other drug, to correct mal-position, we only wish to say that we think it probable many mal-positions are corrected, simply by virtue of those

wonderful capabilities with which God has endowed the female organism, without the aid of art. On the contrary, it seems reasonable to believe that where the natural resources fail, they fail from being in an abnormal or diseased condition, and any medicine having the power to correct this would undoubtedly come to the rescue.

We would therefore advise accoucheurs, in as many cases as possible, to endeavor to ascertain the position of the fœtus sufficiently long before labor sets in, and if abnormal, to try the effects of *pulsatilla* and watch the result. After a sufficient number of observations, with and without the use of the drug, if it be found that more mal-positions existing previous to labor be corrected when it is used, than when it is not, then, I think, and not till then, will we have sufficient evidence of its efficacy.

I find myself sustained in the belief which I have just avowed, that mal-positions exist much more frequently *before* than *at* birth, by no less an authority than Dr. Robert Barnes. Thus, in the *London Medical Times and Gazette* for December 21st, 1867, he remarks: "The researches conducted by several German physicians, among whom I may cite Credé, Hecker, and Valenta, establish the fact that the fœtus changes its position with remarkable frequency. Valenta examined 363 multiparæ and 325 primiparæ in the latter months of pregnancy. He found that a change took place in forty-two (42) per cent. Change was more frequent in multiparæ, and in these in proportion to the number of previous pregnancies." He further adds, "It is interesting to observe that the general tendency of changes of position is towards those which are most propitious. Thus cranial positions are least liable to change. Oblique positions are especially liable to change. These mostly pass into the long axis by spontaneous evolution. *Self-evolution is a very frequent resort of nature.*"

The numerous cases in which we find the umbilical cord coiled once or more around the neck, are probably instances wherein the fœtus has shifted its position in the womb. It

is not at all likely that the cord is primarily developed in so unnatural a position. It is much more reasonable to suppose that it has been forced to assume it by the movements of the child. We have a perhaps not inapt illustration of this phenomenon in what we see happen to a restive colt when first tied to its manger. By its restless turnings and twistings it soon gets the strap of its halter, by which it is secured, completely wrapped around its neck and limbs.

PARTIAL PROVING OF ACONITE IN THE ATTENUATIONS.

BY TEMPLE S. HOYNE, M. D.

At a regular meeting of the Cook Co. Society, held on the evening of November 17, 1868, after reading a paper on "High Potencies," I gave to seven members of the Society, as many vials of a certain remedy, marked, "T." "S." "H." "O." "Y." "N." "E." The members were to prove this, to them unknown, drug, and report at a future meeting, when they would learn what the drug was, and the attenuation each received. This was done in order to convince some of the most sceptical that the higher attenuations will produce symptoms in the healthy, and consequently cure those same symptoms when met with in the sick. Although the experiment was not as successful as I hoped, still it was sufficient to show that the highest attenuation used, produced the most symptoms characteristic of the drug.

The following are the reports received:

"S."—*11th cent.*—"Received of Dr. Hoyne a vial containing alcoholic tincture, marked "S." Took about three or four drops every three hours during the day and evening, without perceptible effect. It is perhaps fair to say that I have never succeeded in eliciting any satisfactory pathogenetic

symptoms from any medical substance except glonoine and santonine."—F. A. Lord, M. D.

"O."—30th cent.—"I received a vial marked "O," but did not perceive any symptoms after taking the drug. Have never obtained any symptoms from any drug except Nuxvomica."—Holbrook, M. D.

"N."—50th cent.—"I received a vial marked "N," and took the medicine as recommended, but experienced no unusual sensations whatever. I would further remark that I have taken drugs in the crude form, and in the mother tincture, and have never as yet obtained any symptoms whatever."—S. P. Hedges, M. D.

"H."—20th cent.—"I received a vial marked "H," and after taking the medicine, was attacked with a violent coryza, but as I am subject to these attacks, I cannot positively affirm that the attack was produced by the medicine. Aconite was taken and relieved the symptoms."—Ballard, M. D.

The following symptoms were probably produced by the 40th (Y.) The cork of the vial was lost, and as I have been unable to find out who had the seventh vial, it is uncertain whether the vial was marked "T," or "Y," but from what the Doctor tells me, I judge that it was the 40th.

"H. N. Small, M. D., aged 27, Nov. 1868, 4 P. M., took ten drops of the medicine. In a few minutes, felt a *fullness of the head*, with erratic pains in the right supra-orbital, temporal and frontal regions; and as I write this, I notice a still more marked pain between the orbits *at the base of the nose*, and especially at the inner canthus of the right eye—dull and deep seated. *Eyes bloodshot*. Smoked a cigar just before taking the medicine. Slight pain in right knee. Pain just below the right ear; and the teeth of the right side of the face ache, and there seems to be a slight *congestion of the fauces*. All this within twenty minutes after taking the first dose of the medicine. Pain seems to extend down the neck towards the right shoulder. The pain over the right eye, and behind the mastoid process quite persistent. Nov. 19,

muscles sore and stiff, and some slight headache, and a tendency to *looseness of the bowels*. I thought that I had taken cold, and concluded that I had better wait until I felt better before taking another dose. Nov. 20, 10 A. M., took ten drops of the liquid. A short time after felt a pain in the teeth, and on the left side of the head; also a general feeling of *fullness of the head*. Dined at 1.30 on raw oysters, and took ten drops of the liquid at twenty minutes past two. No more symptoms were observed."

"E."—60th cent.—"December 1, 1868, took ten drops of medicine, marked "E," on retiring, and ten drops next morning. During the day, *appetite very much increased**—at noon and evening enormous—ate to distension and then felt hungry. *Food distressed me after eating.*† *Frequent attacks of vertigo,*† *a feeling as if about to fall over.* *Posterior part of the brain feels very much injected.*† *Increase of sexual desire.** *Testes feel swollen and hard*, as if there was contained a large amount of seminal fluid. *Emission during the night** and that after coition. *Lascivious dreams** The vertigo passed off the next day. The increased appetite diminished gradually for two or three days, and then disappeared. Had also some transient pains in different parts of the body—did not record them. December 8, took 20 drops. Next day, no vertigo, appetite increased a little. Slight *drawing pain in right testis*, and slight *uneasiness in region of right kidney.*‡ No dreams, nor sexual desire. No other prominent symptoms this time. Will say that I rarely notice symptoms from a second trial of a drug, and rarely after the first dose. The above were certainly abnormal symptoms, and I believe due to the action of the drug, whatever its attenuation."—T. C. Duncan, M. D.

P. S.—Since writing the above, I have received the remaining report, which is as follows :

* Vienna proving of Aconite. † Hull's Jahr.

‡ "Sensation in right testicle, as if bruised," Vienna proving.

§ "Aching in region of kidneys," Vienna proving.

"Y."—40th cent.—"The bottle I had was marked "Y." Did not take any of the drug on account of ill health."—H. R. Stout, M. D.

Hence Dr. Small's vial was marked "T." It is my intention to repeat the experiment with some other drug at some future time.

USTILAGO MADIS.

BY J. B. WOOD, M. D.

SOME time since, I observed an article in the *American Homœopathic Observer*, on the use of *Ustilago madis* in uterine hemorrhage, and the success attending its use in severe cases.

I must say that, formerly, my success in that form of disease had not been so good as I could have wished. *Apocynum cannabinum*, in the tincture, became my favorite in such cases, until my attention was called to the use of the medicine under consideration.

During the last Fall, it has been my lot to have in charge two very severe cases, one of which had been under various kinds of treatment, and for the past year under Electro-pathy, from which the patient thought she had derived more benefit than from any other.

At the time of my being called in, she had been in bed for weeks, as going about seemed not only to increase the flow, but other feelings of discomfort. As usual, I used *Apoc. cann.*, *Ipecac.* and various other seemingly indicated remedies, without much, if any, benefit, and my patient was in a despondent condition. In thinking over the various remedies, and in my researches for a panacea, *Ustilago madis* was freshly prepared by me, and given to her in the first trituration (centesimal scale), a powder of about two grains every six hours. In a few days the hemorrhage ceased, and she has been free from it ever since, except that the flow is rather profuse at her catamenial period—and

that is improving at each return—so there is now every reason to believe that the cure will be complete.

Another case occurred in my practice, about the same time, in a young unmarried lady. She suffered much at the catamenial period, the pain being extreme, and flow very profuse, which did not cease altogether before the time for the next monthly period. She was much of the time in bed; had had homœopathic treatment before I was called in, and the father and mother debated between themselves, at the time, as to the propriety of calling in an allopathic physician; at least so they informed me upon my first visit, probably as a stimulant to me to do my best and sustain the reputation of Homœopathy in that particular.

As stated in the preceding case, Apoc. cann., Ipecac., China, Sabina, Secale cornutum, were tried in vain, both in the low and high potencies. As a last resort, *Ustilago madis* was given in the same manner as in the preceding case, and with like satisfactory result.

Should other cases occur, I will report the success with *Ustilago madis* alone, without having previously given any other remedy, as I did in the foregoing cases.

The first case above-mentioned came on after marriage, and she has, in consequence of her condition, had no children. I am not without hope that the sterility has also been removed.

The *Ustilago madis* was prepared by myself, and is known to all farmers as the black excrescence that forms on the end of defective ears of corn, and was gathered when it could be had in a dry, black powder, resembling lamp-black both in specific gravity and color.

Since writing the foregoing, the following case occurred in my practice, illustrating the virtues of the same remedy.

Mrs. E., aged 23 years, was confined October 10th, 1868. Her labor and the results following were all that could be desired, until the twelfth day, when she was taken suddenly ill with congestive inflammation of the right lung.

After some days she began to expectorate, as is usual in such cases, and made a good recovery.

About ten days ago she informed me that she had a very profuse lochial discharge, very dark in color—almost black.

Having used the *Ustilago madis* with such good success, in cases of uterine hemorrhage, I concluded to try it in this case, and to-day, January 2d, she informs me that the discharge had entirely ceased, although it had continued many days without interruption.

KEY-NOTES; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M. D.

(Continued from page 262.)

Arum triphyllum.

THIS medicine is indicated in *scarlet fever*, *typhus fever*, or any other disease in which there is a discharge from the nose of acrid, ichorous fluid, which excoriates the mucous membrane, alæ, and even the upper lip, rendering the parts over which it passes, raw and sore. Also when the corners of the mouth, the buccal cavity, and even the throat become raw and sore, emitting blood; so sore, in fact, that the patient refuses all food and drink in consequence of the suffering occasioned by mastication or swallowing. Frequently we find in cases in which this "raw" condition of the mouth and throat obtains, that there is a putrid odor emanating from the mouth, and, if it be a case of fever, the fever is very intense. In all such cases, I find, in my practice, that the arum, thirtieth potency, or higher, in water, a dose every two or three hours in bad cases, and every six or twelve hours in milder ones, speedily produces a very gratifying change of condition, and frequently the patient will advance rapidly to recovery, without the aid of any other medicine. Sometimes, also, we find as a concomi-

tant, a swollen condition of the glands of the throat and neck. *Arum triphyllum* will likewise entirely remove this condition. Soon after administering the remedy, the patient becomes less distressed; the putrid odor—if present—subsides; the raw, angry look of the mucous surface decreases, the fever abates, and all is found to be going on well. For the above conditions, this remedy may be *very properly styled the specific*.

Asa-fœtida.

This remedy suggests itself to my mind, where there appears to be a condition of *hyper-sensitiveness*, whether physical or mental.

In all cases where there is ulceration, whether resulting from burns or scalds, or from other causes, and there appears to be a very great degree of sensitiveness to suffering, *asa-fœtida* will be of great service. For instance, the child will scream on seeing the dressings prepared, and dreads, and shrinks from, the approach of any one whom it thinks likely to touch the sore. I am in the habit of giving this remedy in such cases in the 2^e potency, particularly if the ulcers or “sores” be raw-looking, bloody, and dark, and I find that the dread of being touched first passes away, and the sore speedily begins to assume a more healthful appearance.

A striking condition indicative of this medicine, is found in the co-existence of this condition of super-sensitiveness with a preponderance of the venous over the arterial system. It is then that it will restore the wasted and drying-up “breast of milk,” causing a full and free flowing of the lacteal fluid; it is then that it will cure disordered bowels, when the stools are disgustingly offensive; will cure ozœna; and greatly relieve all gastric and abdominal sufferings, particularly if accompanied with strong pulsations in the epigastrium.

Asa-fœtida may be useful in hysteria, hysteralgia, and a variety of uterine affections, whenever indicated by the above distinctive accompanying characteristics.

Aurum metallicum.

A serious thought of committing suicide, will be an indication for the use of this remedy. There is frequently accompanying this mental condition, a feeling of desperation, which inclines the patient to jump from a height ; to throw himself down in bed violently ; to dash himself down into a chair, etc. In induration, prolapse, or other disordered condition of the uterus, we will sometimes find the above mental disorder developed ; and in pregnancy as well. In such instances aurum should be thought of, and will prove of great value.

In *affections of the palate and nasal bones*, particularly if resulting from syphilis, aurum appears to be the most valuable curative agent. In my opinion, a high potency alone is useful in such cases. I do not give lower than the 8^m. In cases also of *nightly bone-pains*, when the suffering is great, so that the patient is in despair and does not care to live, aurum will greatly relieve.

"*Knobby*" *tip of the nose*, whether red or otherwise, is an abomination in, or rather, between the eyes of its possessor. A high potency of *aurum*, given at long intervals, will remove the condition, and leave the nose as it should be.

Aurum should be carefully studied for diseases of the generative apparatus, particularly if they appear to be the spontaneous outgrowths of some deeply seated morbid condition of the system.

(To be continued.)

SANGUINARIA CANADENSIS has proved itself a valuable remedy in the treatment of the very prevalent rheumatisms of the past winter and present spring. It is indicated especially in cases in which the muscles of the shoulder are involved, particularly the deltoid, so that the arm cannot be raised directly upwards at a right angle with the body. The symptoms are *apparently* relieved by motion, while those of *Rhus tox* are thus really relieved —ED. H. M.

CLINICAL CASE.

BY W. JAMES BLAKELY, M. D.

Allium-cepa.

IN the *Hahnemannian Monthly* for December, 1868, Dr. Guernsey gives this key-note for *Allium-cepa*: catarrh, with epiphora, and *smarting* of the eyes, with *violent* sneezing: he must "take a long breath," and then sneezes correspondingly.

This symptom agreed so exactly with the main features of a violent cold, which I had had for several days, and which *Ars. 2^c* and afterwards *Merc. Sol. 2^c* had failed to relieve, that I looked with confidence in the pathogenesis of the remedy for the remaining symptoms of my case, and was not disappointed. I found there:

Dull headache, with coryza; worse in the evening; better in the open air; but aggravated when returning to a warm room; flow of tears.

Itching, burning, and stinging of the eyes.

Profuse, watery discharge from the nose, with sneezing, acrid burning, excoriating the nose and upper lip.

A visit to my desk disclosed an absence of any preparation of the remedy, but not wishing to be deprived of the beneficial effects which I felt sure of deriving from its use, I procured a small, hard onion, divested it of its outer coverings, and pounded it in a mortar until it was thoroughly crushed; then holding my nose over it, I took two thorough smells, one through each nostril. The effect was almost instantaneous; the discharge ceased at once; in fact, so suddenly as to leave the mucous membrane dry and harsh, in which condition it remained several days. All the symptoms disappeared during the course of the evening (I had applied the remedy at 8 P. M.), and in the morning I awoke well, excepting the unpleasant dryness of the nostrils, the result, no doubt, of the application of the remedy in its full strength to the inflamed and delicate mucous membrane.

A smaller dose would have acted better, but it was not mine to choose.

PUBLICATIONS RECEIVED.

EPITOME OF HOMŒOPATHIC MEDICINES. By Wm. L. Breyfogle, M. D.; Philadelphia, F. E. Bœricke, 1869.

This is a pocket volume of three hundred and eighty-three pages, intended as a work for ready reference; and as such, is no doubt superior to its predecessor. The author states, in his preface, that it has been his aim, "throughout to arrange in as concise a form as possible, the leading symptoms of all well established provings;" states that he has drawn his summary from Lippe's *Materia Medica*, the *Symptomen Codex*, *Jahr's Epitome*, *Bönninghausen's Pocket Book*, and *Hale's "New Remedies;"* and claims that his work differs from other "Epitomes"—"first, in treating of a larger number of remedies; second, in the arrangement of its material in comparative form." That a book of this kind has been desired by the profession, is evidenced by the demand for this volume, and we have no doubt but that it will prove valuable at the bedside, where it seems to be impossible—particularly for junior practitioners—to consult more ponderous volumes of *Materia Medica*. The author has been guilty of many sins both of omission and of commission, and in the summing up of the action of the various remedies, under the title of "curative range," this is particularly the case. He has, however, no doubt performed his self-imposed task in as satisfactory a manner as circumstances permitted, and deserves credit for his courage in presenting the results of his labors to the profession.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, for the year 1868—Vol. VI., Albany. This splendid volume of upwards of seven hundred pages, is very creditable to the Society from which it emanates, and, as well, to the great State of New York; to the enlightenment, progressiveness and liberality of which, its publication is due. It contains a great variety of interesting and valuable papers, most of which are contributed by our most prominent physicians, and many of which are illustrated by handsome cuts; and constitutes, as a whole, a valuable addition to our literature. The six volumes comprising the complete series of publications of this Society, bear ample testimony to the ability, zeal and industry of the indefatigable Secretary, Dr. Horace M. Paine, and of his confreres.

TRANSACTIONS OF THE FIFTH AND SIXTH ANNUAL MEETINGS OF THE WESTERN INSTITUTE OF HOMŒOPATHY, 1867-68, Chicago.

This pamphlet, of one hundred and fifty-nine pages, is a record of the doings of this important society, at its annual sessions held in Indianapolis, May 23d and 24th, 1867 and Milwaukee, May 21st and 22d, 1868. The valuable papers it contains are arranged in sections. In the "Surgical Section" we find: The Triangular Ligament and the passage of the Catheter, by Professor W. T. Helmuth; Tumors of the Lower Jaw pathologically considered, by Professor E. C. Franklin; Exsection of the Inferior Maxillary, by Professor G. D. Beebe; and Fistula in Ano, by Professor T. P. Wilson. In the "Section of Clinical Medicine,"

are papers on Malaria, by G. W. Bowen, M. D. ; on Medical Education, by Professor Small ; Clinical Cases, by Professor Douglass ; and an article on *Trichinæ Spiralis*, by G. W. Chittenden, M. D. In the "Obstetric Section" are papers on Prolapsus Uteri, by Drs. G. W. Perrine and J. T. Boyd, and a curious paper entitled "On Determining the Sex of the Child in Impregnation," also by Dr. J. T. Boyd. The "Materia Medica Section" consists of a paper by Professor E. M. Hale, entitled "The Essentials of a Reliable Pathogenesis, and the proper manner of Selecting the Remedy ;" and a proving of *Ostrya Virginica*, by W. H. Burt, M. D.

The careful manner in which the discussions had at these meetings are reported, adds greatly to the value of the book. The discussion on *Materia Medica* reveals a great diversity of sentiment, and demonstrates that in the minds of some of our western brethren—as in some of our eastern—the "provings" which constitute the homœopathic *Materia Medica* are not as reliable as the mingled facts and fancies of Pareira, *et al.*

EDITORIAL.

The following paragraph, extracted from the Trenton (N. J.) *Weekly Gazette*, is interesting to the profession, as containing some items of news, and as exhibiting the fact that our *newspapers* are agitating the question of the merits of Homœopathy.

"The fundamental principle of the Homœopathic System of Medicine is, that diseases may be cured by the administration of poisonous drugs which occasion disease of the same apparent character. This principle is still strictly contested by the regular school of physicians, and cannot by any means be regarded as well established. Still, a number of facts seem to corroborate the position of the Homœopathists ; not the least remarkable of which are some recent discoveries of Dr. Desmartins, of Bordeaux, France. Acting upon the familiar experience of preventing small pox by vaccination, he has tried other poisons in the same way, and has succeeded, for example, in showing that inoculation by the poison of scorpions prevents yellow fever, and so in similar diseases.

"The distinguished M. Gasparin narrated to him how he was cured, by the accidental sting of a wasp, of rheumatism in the arm. Other cases are given where cholera and epilepsy have been cured, by the stings of wasps and bees. Of course these reports will have to be thoroughly sifted, before any great confidence can be placed in them, but they are curious nevertheless."

BURT'S MATERIA MEDICA.—We have been favored with a view of a portion of the manuscript of this work, soon to be issued by A. J. Tafel, of Philadelphia. The title of the

book will be "A Characteristic Materia Medica. By Wm. H. Burt, M. D., of Lincoln, Illinois." The Doctor has classified the Materia Medica upon a physio-pathological basis, by placing all remedies that produce pathogenetic and physio-pathological symptoms similar to each other, in groups. For instance:—Group III. consists of *Nux vomica*, *Strychnine*, *Ignatia*, *Cocculus*, *Conium*, *Curare*, *Angustura*, *Æsculus*. This is somewhat after the manner of Teste; yet Dr. Burt's book will differ, in many particulars, from the work of the French author, and gives promise of being much more correct and valuable. We have no doubt but that this publication will meet a ready sale, as all works that tend to simplify or elucidate our complex Materia Medica are eagerly sought for.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA, recently held its annual commencement. The "valedictory address" was delivered by Professor Samuel Henry Dickson, one of the most able representative men of the old school. The speaker dwelt forcibly and eloquently on the progress of medical science, and congratulated the graduates on the fact that they would enter into practice at a time when that progress had attained to such a degree as to constitute a vast improvement in the *science and art* of medicine. By a careful review of this address, we find that the progress alluded to consists—not in the discovery of any new rule of cure—all old ones having been severely denounced by their votaries—or any method of arriving at the true action and curative range of drugs—but, in *new methods of administering drugs*, under the kaleidoscopic rules of "orthodox" "regular" practice, and in the *improved form of drugs*, by which much smaller effective doses are permitted to be given. These, then, constitute the progress the learned professor congratulates himself and his class on: the last *picture* presented, after three thousand years of turning. Medicines are now to be thrust beneath the skin instead of down the throat, and fractions of a grain

are deemed sufficient, instead of the mighty boluses and potions of the "good old times." Galileo, unable to *see* the world move, insisted, even under torture, that it did so, and is called this day, "brave old Galileo." What then should be the eulogium of the Professor of Jefferson College, who thus boldly claims a *movement* of the "orthodox" medical world, in the face of its evident inertia.

"THE MEDICAL BILL."—A bill has recently been presented in the Assembly of Pennsylvania, which provides that no person shall be permitted to practice medicine in the State, who is not a graduate of some chartered medical school, under a penalty of two thousand dollars.

It is true that the public is greatly imposed on by uneducated charlatans, and needs protection; and it is equally true that regular graduates in medicine, who have spent time and money in the attainment of a medical education and a diploma, are entitled to protection; and yet a bill of this nature does not seem to cover the ground. It is a well known fact, that there are pseudo-medical schools scattered throughout the country—there are *some even* in Philadelphia—where diplomas may be bought, without regard to the qualifications of buyers; and such institutions find no difficulty in securing *charters* from legislatures. It is always a matter of grave doubt, therefore, when such a bill as the above is presented, whether it is not gotten up in the interest of these "diploma shops," which may naturally expect to reap a rich harvest from those who are lacking in parchment. This subject of protecting alike physicians and the public from impostors, is one demanding serious consideration, involving, as it does, so many interesting sub-questions. We shall at some future time endeavor to write more fully on it.

MAINE CENTRAL MEDICAL ASSOCIATION.—We have received the report of the proceedings of this body of physicians, at its recent semi-annual meeting, together with the valuable papers read thereat. Our thanks are due

the Secretary of the Society, Dr. Irving S. Hall. These papers will appear in our next number.

THE PENNSYLVANIA MEDICAL SOCIETY meets in Wilkesbarre, on Tuesday, May 18th. Let all members, and all who desire to become such, be present on that occasion. A united effort may succeed in securing for our Society a status similar to that of the New York State Society, with all the rights and privileges enjoyed by that body. While it is true that physicians are individuals who practice medicine to earn a livelihood, it is equally true that their business is of that nature as to be properly styled a public benefaction, and as such should receive the protection and fostering care of the commonwealth. That allopathists have not received any special rights and privileges, is no good reason why we, as a class, should not demand and receive them.

TO SUBSCRIBERS.—We trust that all subscribers who have not paid for the current volume of our Journal, will see the propriety of doing so at once. As a class, printers, book-binders, and paper-makers are *hard-hearted* men who demand and expect to receive pay for their services and material. The demands of these inexorables may be met if subscribers will fulfill their obligations; and we hope that those who have not done so, as yet, will not necessitate another appeal.

PHILADELPHIA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY BUSHROD W. JAMES, M. D. Secretary, *pro tem*.

THE regular monthly meeting of the Society was held Thursday, February 11th, in the usual place; Dr. O. B. Gause, Vice-President, presiding, and Dr. Bushrod W. James acting as Secretary, *pro tem*.

There being no deferred or new business or paper for reading offered, Dr. J. Jeanes proposed for the evening's discussion the subject, "The present epidemical condition of our city." On motion, it was carried, and Dr. Jacob Jeanes requested to open the debate.

He remarked, that there had been scattered through the winter a kind

of fever, lasting about a week, and resembling in its concomitant symptoms, the old fashioned influenza. This had been very prevalent throughout the city, so much so, that nearly every body had had an attack of it in a mild or more severe form.

This disease being very severe at one time, during President Tyler's administration, it took the name of "Tyler's Grippe," so that for about forty years it has had this name, although previously, it was called influenza. It likewise receives different names in different localities.

DR. W. WILLIAMSON inquired—what form has it taken in your practice during the past winter?

DR. J. JEANES said it was attended with cough and catarrhal symptoms, with fever and coryza, and in many cases herpes labialis, and herpes nasalis. He had used various remedies, but thought he found the most benefit from the use of *Bryonia* and *Lobelia*.

DR. WILLIAMSON in his experience with it, had noticed in its commencement in his practice in November, that for three or four weeks nearly all his cases of it, children and adults, had diarrhœa as one of the prominent symptoms; then there followed a good many cases affected with ophthalmia, and even since, at times, this class of cases with ophthalmic symptoms, would occur, lasting for a week or more. Then came cases with pneumonia symptoms, and this form would last a week or so; this form was always attended with considerable cough, a very obstinate kind of cough, lasting sometimes for weeks. More recently, the cases had been troubled with nasal irritation and ulcerations about the nostrils, with catarrh.

Seldom do we have a winter with so little scarlatina, and of so light a form. Within the last three weeks, he had met with a larger number of cases of sore throat, with enlarged tonsils, and with the appearance and with symptoms analogous to diphtheria, but the white spots on the tonsils were not extensive, and appeared to be nothing more than patches of thick mucus deposited there; still they could not be called real cases of diphtheria. In one case, with a scrofulous diathesis, that had a mild attack of scarlatina, this deposit was a well marked symptom. The case soon recovered, and the epidermis peeled off, as is usual in scarlatina.

We would suppose with this influenza prevailing, and the effect it has in producing coughs, that whooping cough, which had also been prevalent during this winter, would have assumed a more aggravated character, but instead of this he does not remember a period when such cases were lighter and of so short duration, many of them lasting only three or four weeks. For these cases, he had used principally *Hycos.* and *Bryonia*. For the ophthalmic cases he had chiefly used *Kali-hyd.* In fact he had never used this remedy half as much before as he had this winter, it being the remedy mostly indicated by the cases he had seen during this season. He had also used *Kali-carb.* more or less, and *Phos.* very frequently when the mucous membrane of the nose and air passages had been affected, but without its usual benefit in this direction, however.

DR. AUG. W. KOCH had found his experience to correspond with that of Dr. W., and particularly with Phos. It did not seem to act beneficially in those cases in which it is commonly indicated and used.

DR. WILLIAMSON further remarked that he had not for twenty years carried Merc.-solubilis in his pocket medicine-case until this form of diarrhœa commenced, which apparently corresponded with it, and he had used it in many cases this winter, but he did not derive much curative effect from it. But with Dulcamara he had found much better results. He gave it, because he thought the disease was a catarrhal affection of the bowels. He also thought that cholera infantum, that generally sets in with children as early as the month of June, was also a catarrhal affection of the bowels, and had to be treated as such.

With regard to the general influence of remedies, this winter he had observed that Gelseminum had not controlled the febrile symptoms as formerly, although he renewed his preparation of the drug fresh from a reliable source, still it was advantageous in relieving the catarrhal symptoms. There was one form of disease that he had found much of among children, namely: stomatitis, attended with red tongue, red lips, loose cough, &c., and he had received the best action from Ant.-crudem in such cases, and where the cough was very loose, with considerable rattling of mucus in the throat, Tart.-em., and in elderly persons, Puls.

He then related a case of Metritis, which had proved very obstinate, and considerable cough was also present. He found after a time that the patient had had a three-inch ring-pessary introduced by her former physician, and upon its removal, he discovered that considerable adhesions had formed with the rectum, from its pressure. She had pains of a dull aching character, something between a rheumatic pain and the sharp shooting pains of gout. She had also been salivated by her allopathic attendant, nevertheless, three weeks later, after the salivative symptoms had passed away, he found indications for the use of Mercurius, and gave it with good effect.

DR. A. W. KOCH had noticed the intermittent character of disease this winter, many cases commencing with a chill or coldness of a portion of the body, and that the cases of influenza and fever were apt to be worse every other day.

DR. H. N. MARTIN had seen a good many cases in children, of sore mouth, sore tongue and lips, and he had likewise met with a number of cases that he thought were a light form of scarlatina, as they had the subsequent peeling of the skin. But he had not used Bell. at all with them. Bryonia had accomplished all that could be desired; and for the sore mouth, tongue, etc., he found Arum triph. to relieve. One case, he would ask the views of the Society upon. It had fever, sore throat, enlargement of the tonsils, with large patches on them and on the throat, with a very foul breath, and prostration and considerable excoriation about the nostrils. He gave Arum triph. 1m in the evening, when it

was so very ill, and the next morning was surprised to find a very marked change for the better, and the case got well. He considered it one of malignant scarlatina.

DR. WILLIAMSON said he had used beneficially *Croton tig.* for the spotted patches in the throat that he had seen.

DR. J. C. MORGAN had used *Croton lm.* one dose with great advantage, in a case of phthisis. The patient's occupation obliged him to use a stamping machine, and the principal symptoms of the case were a pain in the left chest, which became sharp on using his arms in the effort of using the machine. He found a cooing sound in the upper part of that lung, and dryness of the throat at night.

For the diarrhœa cases, *Rheum* was the best remedy with him, particularly where the case had a pain just before the stool, and then no more pain until just before the next evacuation. For the coughs—*Rumex*—especially with pain just under the sternum, and sometimes extending through the mediastinum, and even through the diaphragm. It was a good remedy in some forms of heart disease, and also in asthma. He said that Dr. Williamson classed *Gelsemium* between *Acon.* and *Bell.* but he put it in its action between *Acon.* *Bell.* and *Puls.*

DR. BUSHROD W. JAMES mentioned the attack of influenza from which he had just recovered: fever, catarrhal symptoms, coryza, watery eyes, ulceration of the left nostril, frequent sneezing, and a slight smarting sensation in the throat and fauces were present, reminding him so much of the action of *Allium-cepa*, that although he had not prescribed this remedy for several years, he was induced by the similarity of the symptoms to try it, and accordingly after smelling freely of the tincture, he made the first attenuation, and took a dose of three drops of this, and the attack was relieved in a little while.

DR. WILLIAMSON said he had also seen a great many cases of rheumatism lately, and especially affecting the trapezius and other muscles about the neck. He had likewise observed the nervous character of the cases. He recently heard from the Almshouse, and it appears that rheumatism has been this season peculiarly prevalent there.

In the case of his son, who was afflicted with it, he found *Staph.* and also *Colch.* to act well. He had not seen the usual good effects from the use of *Aconite* in indicated cases this winter.

DR. S. S. BROOKS thought that Dr. Martin's case was malignant scarlatina, and that *Arum* had antidoted the poison of that disease. In cases of a similar kind, he had found a peculiar remedy to act as promptly and as beneficially; it was the *Hippozeninum*, or the secretion from the horse in *Farcy*.

His experience with the epidemics of this winter, corresponded very much with that of Drs. Williamson and Jeanes. He had met a good deal of pneumonia and pleurisy, and some cases of pleuro-pneumonia, and *Bryonia* and *Aconite* had been the remedies he had used mostly for them, except that for the acute pleuritic pains, he gave *Colocynth*, and where

hepatic complications were present, Merc.-viv. He had also given, with success, the same remedy where catarrhal symptoms followed derangements of the liver or digestive organs. He had also noticed that a chill or chills, one after another, in short succession, generally attended these cases for the first day or two. He had marked the prevalence of chicken-pox, and that it had been attended with pains in different parts of the body—a symptom it does not ordinarily produce.

DR. J. JEANES was not willing to agree with Dr. Martin in the pathological action of Arum in the case he mentioned, although he believed his judgment of the nature of the disease was correct, even if remedies do sometimes exercise a remarkable action different from their usual sphere. Malignant scarlatina and diphtheria were very analogous in their nature. He would mention, that in incipient cataract, in a number of cases, he had arrested the disease and cured the case with *Chimaphilla umbellata* (or *Pipsissiway*). He also thought Dr. Williamson had more courage than himself to administer *Mercurius* to a patient who had been so recently salivated. He once tried it with one of his patients; he gave the second centesimal, and it aggravated all the symptoms, and sent the blood, as the patient expressed it, *burning* through every part of the system, and the result was that that patient will not take another dose of medicine from him. With some remedies where the system had been poisoned with them, a high attenuation of the same drug might in some instances act well, but he did not think Merc. one of them. His cases had been much marked this winter; the symptoms obscure or apparently mingled with those of other diseases. He had frequently noted the fact that diseases are apt to "run in veins," aside of epidemics of course; that is, a good many cases of the same kind will come in about the same time, when you have had little or none for a long time. To illustrate,—within the last three weeks, he had cut out three needles in three different cases,—more than he had cut out in a period of several years before. Now, taking the winter as a whole, he had been asked, have we not had an unhealthy winter? He answered, no. He had always noticed that mild winters were our healthiest ones. We have a good many mild cases, but then we do not have the violent epidemics and severe forms of disease that occur in very cold winters. When the thermometer gets down below zero, then you may look out for your bad cases of scarlatina, etc. The mild winters give us the tropical diseases to treat, and the cold, severe winters the polar maladies, and for his part, he would prefer to treat the tropical.

DR. O. B. GAUSE inquired how the fact could be explained then, that a violent scourge of scarlatina was at the present time prevailing at Wilmington, Brooklyn and Baltimore. He had also seen a great many cases of influenza, and most of them were attended with rheumatic pains, and he had used *Leptandria* and *Eupatorium* with decided benefit.

DR. WILLIAMSON here mentioned *Hypericum* as being a good remedy also.

DR. J. C. MORGAN referred to cases of infants with sore mouths, and the use of Borax and white sugar by nurses in these cases. His experience was, that where these articles were used in this way, the children generally suffered in a week or two afterwards from pain in the stomach, colic and great restlessness. He always forbade its use. He desired also to call attention to the fact that white sugar was an excellent article to cleanse out old ulcers and unhealthy surfaces. He used it now almost exclusively, and found it better than the ordinary caustics so ordinarily used. He mentioned a case of fungus hæmatodes, occurring on the top of the head, from the pricking with a lance a place that had been previously injured, that had been benefitted by the use of Mercurius internally, and by the external application of Vermont Missisque Water.

DR. WILLIAMSON said he had for a long time used white sugar for unhealthy granulations in sores, commonly called proud flesh.

DR. BROOKS believed that where we find the most comfort in a community, we generally see the mildest forms of the prevailing diseases, and so likewise in mild or comfortable winters, the diseases assumed a lighter type. With regard to epidemics of the more virulent kind, they seem to run in cycles; for instance, scarlatina or small pox will rage in a city for a season violently, and then apparently having exhausted all the food, if we may so speak, on which the disease feeds, it does not return again for a number of years as an epidemic, or as he believed, until new food sufficient for it to feed upon to become an epidemic, has been generated; for instance, to make himself more clearly understood, this might serve to give the idea. If a fire runs over a tract of woodland, it of course consumes all that is fuel for it there. Now, a fire cannot go over the same land again, until a new growth of wood or brush has sprung up to afford new fuel for it, when it can again extend over the same locality, but not until such fuel exists. So with these epidemic diseases; they seem to burn up all the combustible material present, and then die out. He differed from Dr. Jeanes with regard to the similarity of scarlatina and diphtheria. He considered them completely distinct diseases. Scarlatina seldom occurs more than once in the same individual, while diphtheria may occur many times.

DR. MARTIN thought that the range which epidemics took were peculiar. Take for instance, the present time. Along the coast, at Baltimore, Wilmington and Brooklyn, we find scarlatina prevailing badly, while on the western side of the Alleghanies we find small pox prevailing as an epidemic, as at Buffalo, Cincinnati, St. Louis, and in the State of California. He mentioned a fact that he was cognizant of at Buffalo, some years ago, where an epidemic of cholera ran down one side of a certain street, while on the opposite side not a case occurred.

He had found a great many rheumatic cases during the last winter. Just now, we seem to have a mixed up character of disease, with more or less eruptions, and if we look around us in other cities, we find these

eruptive diseases prevailing. His opinion was that diphtheria was more apt to attack filthy locations, while scarlet fever was generally found in high and clean places. Cholera, for instance, frequently attacks clean places, as well as cold countries.

DR. JEANES inquired of Dr. Williamson his experience with the incubation of varicella, rubeola, variola and scarlatina. The latter said for varicella it, was uncertain, for rubeola about twelve days, variola about fourteen days, scarlatina any time after five days from the time of exposure.

DR. JEANES asked if he allowed four days for the fever, before the eruption came out in measles.

DR. WILLIAMSON answered no, he did not consider it measles until the eruption made its appearance.

DR. GAUSE inquired what then he would call the first symptoms or febrile stage that preceded the eruption in measles, if that was not measles itself.

DR. WILLIAMSON replied he would consider it the same as a catarrh, and not as measles at all; it is parallel to vaccination. You vaccinate a child, and in an hour you may wash the arm where it is vaccinated, but you cannot get out the germ which you have implanted: and yet you cannot call it real vaccine disease until the eruptive vesicle really forms. Or, as in the formation of yeast, the first cells are not the yeast, but only the preparatory stage in the formation of the real yeast, and so with these catarrhal symptoms, which precede the real disease, measles.

DR. GAUSE differed from him; he thought it was measles all the time, and considered the case measles from the time the cough commenced, and illustrated the point with the case of a child that was exposed to another child that merely had the cough, and in from twelve to fourteen days took the disease. Another child exposed to this when the cough appeared, also took the measles in from twelve to fourteen days thereafter, neither case being exposed to the disease in any other manner.

DR. MORGAN in referring to small pox, stated a singular fact which he had noticed. He put, in one of his cases, the Chloride of Lime in the form of a paste upon a portion of the body when the eruption was coming out, and the eruption entirely disappeared upon that spot. He then had it applied over the whole surface, and the whole eruption disappeared, there being no vaccine left on the skin afterwards, and the case got well.

DR. WILLIAMSON stated that the use of *Hydrastis Canadensis* will act in aborting an attack of variola in a similar manner.

After a conversational form of discussion for a few moments, Dr. Williamson proposed that Dr. S. S. Brooks be invited to prepare for the next meeting of the Society a paper on "The use of alcoholic, vinous and fermented liquors to patients in sickness." On motion, it was carried.

On motion, Dr. Williamson was also asked to write a paper on "puerperal convulsions" for the April meeting.

The Society then adjourned.

TWENTY-FIRST ANNUAL COMMENCEMENT OF THE HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

THE twenty-first annual commencement of the Homœopathic Medical College of Pennsylvania, was held in Musical Fund Hall, on Saturday, February 27th.

The valedictorian, Professor Pemberton Dudley, delivered an able and eloquent address, after which, and in the absence of the President, Dr. Richard Gardiner, who was extremely ill, the *degrees* of the College were conferred by William MacGeorge, Esq., Secretary of the Board of Trustees, on the following

LIST OF GRADUATES.

SAMUEL E. ALLEN,	O. T. HUEBENER,
Canterbury, Del.	Nazareth, Pa.
A. A. BANCROFT,	WALTER M. JAMES,
De Witt, Mich.	Philadelphia, Pa.
WM. W. BARDEN, M. D.,	WILMER JAMES,
Pen Yan, N. Y.	Upper Providence, Pa.
ED. WM. BERRIDGE, M. B., B. S.	J. H. JONES,
Liverpool, Eng.	Bradford, Vt.
THOMAS L. BRADFORD,	EDWARD PORTER,
Francistown, N. H.	Clinton, Ill.
S. HASTINGS BROWN,	WILLIAM RAY, M. R. C. S. E.
Philadelphia, Pa.	London, Eng.
ALBERT BUSWELL, M. D.,	WM. R. SCOTT, JR.,
Lowell, Mass.	Philadelphia, Pa.
JOHN NEWTON CLARK,	MARCIAN SEAVEY,
Golconda, Ill.	Portland, Me.
SOLOMON CHAPIN, A. M.,	S. M. SHAW, M. D.,
Malden, Mass.	Delavan, Ill.
BENJAMIN F. CONNELL,	EPHRAIM W. SOUTH,
Connellsville, Pa.	Wilmington, Del.
C. HORACE EVANS,	DAVID W. STARKEY,
Philadelphia, Pa.	Plato, Ohio.
CHARLES FISCHER,	HENRY K. STEWART,
Aukland, Australia.	Philadelphia, Pa.
HARRISON B. HALL,	RALPH C. SMITH,
Camden, N. J.	Philadelphia, Pa.
M. P. HARLEY, M. D.,	PERCIVAL G. WARDWELL,
Philadelphia, Pa.	Lawrence, Mass.
ARTHUR P. HOLLETT,	M. T. WILSON,
Sonora, N. Y.	Griggsville, Ill.

SPECIAL DEGREE.

ADOLPHUS FELLGER, *Philadelphia, Pa.*

THE HAHNEMANNIAN MONTHLY

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Philadelphia, May, 1869.

No. 10.

ALCOHOL IN DISEASE.

BY S. S. BROOKS, M. D.

(Read before the Philadelphia Medical Society, March 11th, 1869.)

PURE Alcohol is *seldom* used; but, slightly diluted, its main use is as a menstruum for medicines. Occasionally, it has been employed in a dilute state as a therapeutic agent, both externally and internally.

Applied externally to the healthy surface it acts as an excitant to the tissues of the part, producing increased tonicity and contraction of the blood vessels, whereby the blood is more rapidly propelled, and coldness and paleness of the surface produced.

But this condition is of short duration,—for the vessels and surrounding tissues soon weary, and expand under relaxation, till that state appears which is called “*reaction*,” marked by all the symptoms of a local inflammatory process.

Hence the homœopathicity of its local use, in the treatment of inflammations of the surface.

When, in its concentrated form, it is administered in large doses internally, the *primary effect* is inflammation of the mucous membrane of the stomach; which, if continued,

would soon destroy its vitality. The *secondary effect* is speedily felt in the brain, in the form of *shock*, which sometimes destroys life in a few moments.

When much diluted, the stomach merely feels a gentle stimulation, a warmth, which rapidly extends to the brain, spinal marrow and whole nervous system; and the fluid passes directly into the veins and general circulation, producing, quite frequently, "a soft tumult of the soul," that often amounts to "intoxication." This state is too well and too painfully known, to need a description in this paper.

Since liquors have come to be so extensively adulterated, Alcohol, in dilute form, is now sometimes given, instead of common spirits, in adynamic complaints, especially those of a typhus or typhoid character, where a speedy influence is desired. I am indebted to Dr. David James for the idea of using Alcohol in this way. In the typhus or spotted fevers, which, a few years ago, were so rife northward of our city, he found it very serviceable. Others have since employed it under similar circumstances, and have been satisfied that their cases have rapidly improved. It must, however, be given early, before the occurrence of organic lesion. The Alcohol is usually added to the water used as a menstruum for the remedy administered at the same time.

Of latter years *numbers* of cases have been reported, which strongly favor the opinion that dilute Alcohol or whiskey, *promptly and largely administered*, will arrest the fatal effects of some poisoned wounds, particularly *snake bites*, by, perhaps, neutralizing or antidoting the venom. Some are well convinced that washing with Alcohol *will neutralize* the contagious action of the virus of puerperal fever, that seems to cling to the hands and arms of the unfortunate accoucheur. If, then, dilute Alcohol will, when taken into the circulation, through the stomach, destroy animal poisons that may have been received into the organism through wounds of the surface, why may it not also neutralize some of the poisons that exist through morbid action of the chylipoetic viscera? In most continued fevers, and many

zymotic complaints, there is believed to be a deranged or poisoned state of the blood, occasioned, perhaps, by faulty nutrition. Hence the *seeming adaptation* of Alcohol in the treatment of many of these maladies, especially when there exists no violent organic inflammation or local determinations.

Alcohol is almost exclusively taken, both as a medicine and as a beverage, in some one of the many combinations of which it forms the active principle. Of these there are three classes: Distilled, Fermented and Malt Liquors.

The most common distilled spirits are: brandy, whiskey, gin and rum. The Alcohol is here combined with water, coloring matter, volatile oils, &c.

Brandy should be made from wine, and is thought to be *stomachic*, *cordial*, and *astringent*. Whiskey is obtained mostly from grain, and is supposed to be slightly diuretic. Gin is also obtained from grain and *redistilled* over juniper berries or oil of turpentine. Hence its diuretic property. Rum is mainly distilled from molasses or sugar, and is reported to be sudorific. All are stimulants and contain a little more than fifty per cent. of Alcohol.

In the fermented liquors, as the wines, which are the fermented juice of fruits, (mostly grapes,) the combination consists of Alcohol, water, acids, bitartrate of potassa, tannin, coloring matter, &c. Here the Alcohol is in smaller proportion, varying from 7 to 25 per cent.

The various wines differ in their effects upon the system. The stronger and heavier, as Port, Sherry and Madeira, tend to constipate the bowels. The lighter, as Champagne, Claret, Rhine, &c., have no marked effect upon the bowels; but, like all wines, differ in their agreeability to the stomach.

In malt liquors, the usual divisions of which are Porter, Ale, and Beer, the Alcohol exists in the proportion of from 2 to 8 per cent., combined with water, a vegetable mucus, or extractive matter from malt, a bitter narcotic principle from hops, &c. Hence their slightly stimulant and tonic influence. They are largely partaken of as a *beverage*, and

many consider them highly nutritive, styling them "liquid bread," &c., on account of the apparent improvement of the general vigor of the system of those who take them. They are almost the only liquors taken by those who undergo the "training" process. All kinds of liquors are valued in proportion to the ALCOHOL they contain. The greater quantity a wine may have, the more is it entitled to be styled "generous." Of the malt liquors, the Lager Beer contains a larger percentage, and is more prized by drinkers.

All, in the words of A. T. Thompson, are either "medicines or poisons," yet slow poisons when very moderately taken. The same may be said of Arsenic, and perhaps of tobacco. Hundreds and thousands have lived apparently healthy and long lives, while using one or other of these articles moderately. Still, it is a fair question, whether they would not have lived longer without them. And though a few individuals may have survived such treatment, is it not also fair to presume that tens of thousands have suffered and died prematurely from the *moderate* use of them?* As with Arsenic, no liquors should be taken except as a medicine.

Happy, thrice happy would be that state of society in which an invitation, socially, to partake, would be received with horror; and the transgressing tempter shunned until reclaimed.

It has been my practice to make considerable use of liquors therapeutically, using one or the other according to circumstances, and always remembering that the *Alcohol* is the active principle, the *medicine I am administering*.

The pathogenesis of dilute Alcohol, or of any of the three classes of liquors, is too well known to need much repetition. In small quantities, they are diffusible stimuli; in larger they

* Perhaps some doctor of tremendous paunch,
Awful and deep, a black abyss of drink,
Outlives them all; and from his buried flock,
Retiring full of rumination sad,
Laments the weakness of this latter time."

produce a prostration of the vital actions, similar to that attendant upon nervous shock of either a physical or mental character. Vitality itself seems about to depart; the performance of all the functions being very much subdued, as is indicated by the cold, pale skin, the feeble, small and frequent pulse, the weakened respiration, the almost unconscious state of the mind, the utter prostration and helplessness, &c.

Now, in accordance with the homœopathic law, we may employ the distilled spirits in dilution with great benefit, and continue their use until *reaction* appears. Using them in the same manner as we would other remedies, we give a single dose, watch its effect, repeat every ten or fifteen minutes, if necessary, stopping as soon as the system fully responds. Under these, or similar circumstances, spirits often seem to be really "*aqua vitæ*." From this will be perceived their applicability after all kinds of accidents, where the above group of symptoms present; and it is astonishing what quantities may sometimes be tolerated or even demanded, there appearing to be perfect safety in repeating table-spoonful doses of whiskey and brandy every fifteen minutes, carefully watching and stopping as soon as warmth, &c., are manifest.

They are, with the external application of dry warmth, the great agents in what is called "getting up reaction."

In great and sudden prostrations from disease also, as well as from excessive discharges, nervous depression, &c., vast benefit is often derived from their prompt, repeated, and guarded exhibition.

Even in earliest infancy, I have thought them advantageous. Two cases of premature birth now recur to mind: one at six and a half months, and the other at seven, where occasionally occurring attacks of *icterus*, with *prostration*, were so severe that life seemed nearly suspended; and here the free use of whiskey or brandy speedily revived and restored the infants.

In cases of severe general exhaustion and nervous de-

pression, from over exertion, exposure to extremes of heat or cold, or from *heat* and fatigue combined, as in sun-stroke, the helplessness, the stupidity, and sometimes coma, with a pale, cool skin, frequent weak and feeble pulse, irregular and labored respiration, with some noise, possibly stertor, &c., all indicate general and cerebral depression, and form a group so similar to the symptoms of large doses of dilute alcohol, that all may readily perceive its applicability. And experience proves that in these cases a glass or more of any of the ardent spirits generally suffices to restore the nervous system to its wonted action. Of course, care must be taken that these phenomena be not confounded with those of apoplexy, or cerebral congestion, indicated by a full, strong and slow pulse, warm skin, &c., and in which stimulants will do great harm.

When there is, for a prolonged period, an enfeebled state of the whole organization—general weakness being the prominent condition—without any acute local or general inflammatory action, and the function of digestion is properly, though feebly or perhaps painfully performed, as in some forms of dyspepsia, some one of the distilled, vinous or malt liquors may be usefully employed; but invariably should be taken at meal time, either along with the food or immediately after the meal, so as to be in the stomach with the food, in order to stimulate that organ to *greater activity* in the performance of its function.

I am aware that some distinguished authors and practitioners recommend the use of liquors *before* eating, to stimulate the appetite for food, &c. My own observation has taught me differently. If there be no appetite, or it be very feeble, liquors are *not* the kind of medicine adapted to the case. Administer first the required medicine to restore the appetite, and then, if digestion be slow or difficult, may some stimulant with the food be beneficial. Still, in all these cases, where liquor appears indicated, its use should not be continued more than a few days, possibly a week or two.

Longer stimulation of this kind, would be apt to induce the very condition for which it was first given. In short, the *homœopathic law* should govern the administration of this as well as other articles of the *Materia Medica*. Give the dose or doses, watch their effects, stop when improvement is decided, and wait so long as it continues. None of these articles are food; but, when properly used, may induce more activity in the digestion and assimilation of nutritive material.*

When stimulation of any kind is much prolonged, the tissues become weary and relaxation follows, as is shown by the corpulent appearance of the habitual "moderate drinker." With him there arises a plethoric state, a polyemia, perhaps, of the blood vessels, which are weakened by the protracted stimulation. The greatest amount of physical strength is not found in this class of individuals.

Distilled spirits are sometimes administered by the old school or irregular practitioners, in delirium tremens, and with apparently satisfactory effect. Here the accustomed stimulus has been withdrawn, generally in consequence of the inflamed or irritable condition of the stomach, which will not tolerate it, and hence follows the nervous tremor and delirium. But the homœopathist, with his efficient and appropriate agents, *Nux vomica*, *Opium*, *Sulphur*, *Mercurius*, &c., should never think of using liquor in these cases. Its employment has a bad moral effect, by, perhaps, inducing a belief in the mind of the inebriate that he cannot part with his accustomed liquor. And since there have been many inebriates whose *beginnings* were in obedience to the advice of their physician, it becomes a duty to exercise *great care* not to place temptation in the way of our fellow-man.

Individuals of certain temperaments, as the sanguine,

* We are assured by Prof. Liebig, that 1400 quarts of the best Bavarian beer, similar to our American or Lager, contain exactly the nourishment of a 2½ pound loaf of bread. That is, eleven barrels of beer are only equal to 2½ pounds of bread.

nervous and bilious seem to contract a RELISH for liquors more readily than others. The leucophlegmatic and the lymphatic, sluggish people, especially if of a high moral tone, are in little danger. Fortunately, this is the class that is benefited by the occasional use of liquors. They are most prone to phthisis pulmonalis, and though stimulants alone will not prevent consumption, they will help to invigorate all the functions, especially nutrition, whereby consumption may be prevented.

The homœopathist has less occasion for the administration of stimulants than the old school practitioner, on account of the *greater number* of the remedies at his command, of whose action he has a more thorough knowledge, and the absence of the depletory measures of the allopathist, which compel him more frequently to resort to them, to correct the effects of his unwise depletion.

In conclusion, all will acquiesce in the recommendation, never to use alcoholic liquors in any shape, when other remedies will answer as well.

CLINICAL OR APPLIED MATERIA MEDICA.

At the last session of the "Verien Hom. Aerzte" at Dresden, it was resolved to appeal to all physicians for assistance in this necessary and useful undertaking. Whoever is willing, can make his own choice in the selection of a remedy or remedies, and is requested to forward such articles through the editor of the *Hahnemannian Monthly* to the Central Committee of the Society. Should a remedy be worked out by several co-laborators, the best may be chosen, or perhaps the best and most useful be collected from all. Every mite will be thankfully received and credited, for it is the duty of every physician to gather the clinical experience which he has gained during many years of hard labor, and aid us in the good work. A publisher has already generously come forward who is willing to give to the world the collected experience of the homœopathic fraternity, and some of our best physicians offer to add their share. Elb promises to work out *Aconite*, Hirschel *Bryonia*, Villers *Rhus.*, Wippler *Apis*. May such good examples urge us on to follow in their footsteps, and the first volume may appear in print before 1870. The following remedies are proposed for the first volume:

Aconit., *Apis*, *Arnica.*, *Arsenic.*, *Bell.*, *Bryon.*, *Calc. carb.*, *Chamom.*, *China.*, *Cina.*, *Coccul.*, *Colocynth.*, *Digital.*, *Hep. sulph.*, *Ignat.*, *Ipecac.*, *Merc.*, *Phosph.*, *Plat.*, *Pulsat.*, *Rhus.*, *Sepia*, *Spigel.*, *Sulphur*, *Veratr.*
In the name of the Homœopathic Society of Dresden.

DR. HIRSCHEL.

RABIES-CANINA, AND VIPER-POISONING.

BY J. H. P. FROST, M. D.

“*Omnis autem fere morsus habet quoddam virus.—SI RABIOSUS CANIS FUIT !*”

RABIES is said by Dr. Kemp, to be essentially an epizootic disease; and, like all epidemic diseases, is of an acute character; and, as pointed out by Youatt, it is always characterised by inflammation of the mucous membrane of the fauces, often extending to the windpipe and stomach. “In every fatal case examined in the Edinburgh Veterinary College, whether in dogs, horses, or cattle, the brain behind the ethmoid bone was found with every mark of severe inflammation. Two morbid appearances, and two only, are constant in all cases of rabies; inflammation of the mucous membrane near the termination of the olfactory nerves, and of that portion of the brain where these nerves leave that organ.* Hydrophobia is very rare during an epidemic of rabies. Many animals and persons must be bitten; but few are affected.”

The prevalence of hydrophobia in some sections at this time, may give interest to the following extract, from an article published in the “*Opinione*” of Turin, Italy, in 1858.

“A missionary who has just returned from China, states that in that country, a kind of *Polygala* is successfully used as a cure for hydrophobia. This plant has thick leaves, and its stem contains a milky juice; it grows to the height of two feet, with a thickness like that of a goose quill. The flowers are small, and of nearly the same color as the leaves. Its root is perennial, and annually produces new shoots and

* A French journal gives an account of a clear case of hydrophobia caused by the bite of a cat. The animal, after having received a burn, appeared low, refused food for several days, and gradually become quite mad. The patient, a lady aged forty-seven, was bitten in the left ankle. After about forty-three days, unmistakable symptoms of hydrophobia were manifested in the form of spasm of the glottis, dread of fluids, impossibility of swallowing, furor, pallidity of the face, convulsive shocks, and foam at the mouth. In three days she died.—*L'union Medicale*.

stems. There are several kinds of polygala in Europe, two of which are used in medicine against the bites of reptiles.

"In order to apply this plant as a remedy, the Chinese gather a handful of the stalks, crush them, and cook them in water, in which about two pounds of raw rice have been washed. The decoction is effected by means of a water-bath. The juice is then strained, and half a quart of it is administered to the patient, if he be an adult, and this draught is continued for several days, gradually diminishing the dose. Sometimes a single dose suffices for a radical cure. It is also administered to animals with their food,—large cattle requiring a much larger quantity."

That the variety of *Polygala* here referred to resembles the *Polygala Senega*,* or, as it is sometimes called, *Rattlesnake Milkwort*, may be concluded from the latter name. This plant, says Dr. Dunglison, "was once esteemed to be specific against the poison of the rattlesnake."

The *Polygala Serpentaria*, a shrub of Caffraria,—of which the root is considered by the natives a sure antidote against the bites of venomous serpents,—is doubtless another and no less similar variety.

The *Eryngium aquaticum*, or *guccæfolium* (Sea Holly), is said by Hale to be "known to the common people by the name of "*Rattlesnake Master*," on account of its reported powerful antidotal virtues against the bites of venomous snakes. Barlow, in his Botanical Collections, states that this plant is "very nearly allied to the contrayerva." This latter name is the Spanish *contrayerba*, or *counter-poison*, which is given primarily to the *Dorstenea*, a Brazilian plant. Both the *Eryngium*, and this *Dorstenea*, are powerful sudorifics; and it would seem as if they saved life by eliminating the poison from the blood by means of perspiration.

The common BURDOCK, *Arctium lappa*,—*Lappa major* of

* This must not be confounded with the Virginia Snakeroot, *Aristolochia Serpentaria*, or (literally) *Birthwort Snakeroot*,—a very different plant both medically and botanically.

Linneus,*—has not hitherto been recognized among the *contrayerva* or counter-poisons. But the following extract from an English paper† seems to show that the most valuable properties of this domestic remedy may have been overlooked.

“I lived for some years in a part of Derbyshire where vipers abounded. During my early recollection, the animals bitten by vipers almost invariably died; dogs, sheep, and I believe I remember a cow bitten on the udder. At length an old gamekeeper told us that the common “burr dock” was a specific; and though I do not pretend to understand or even suggest the *ratio medendi*, I can assert that we never again lost an animal from a viper bite. The form in which we used it was an infusion. A handful of the root scraped like horseradish, infused in a quart of boiling water, and when cold given to the dog in doses of a wineglass every two or three hours; and the bitten part freely bathed with the same infusion. Dogs are generally bitten in the nose; I have seen the wound actually inflicted, and watched every symptom as it came on; vomiting in about two minutes, the rapid swelling causing the dog to breathe by panting, &c., and having carried a favorite pointer a mile or more after he become unable to walk, and seen him lie helpless for an hour or so until the infusion was made and cooled. I have seen him breathe through his nose in less than twelve hours, and ready for work on the second day. I once had a dog bitten in March, the earliest time I ever saw a viper, and the difficulty then was to find the “burr dock;” the gardener, however, knew a locality where it grew, and knew the root when he saw it, and the dog was saved.”

The *Burdock* ought to have a thorough proving; its strong and peculiar smell indicates that it possesses a powerful active principle.

* “The Burdock leaves beside the ledge,

* * * * *

Were blown by wind blasts up on edge.”—*William Barnes*.

† *London Times* Oct. 12, 1868.

CENTRAL HOMŒOPATHIC ASSOCIATION OF
MAINE.

First semi-annual meeting, held at Augusta, January 21st, 1869.

THE meeting was called to order at 2 o'clock, by the President, Dr. Pulsifer. D. C. Perkins, M. D., was elected a member.

The first report submitted was as follows:

PSORINUM.

BY JAMES B. BELL, M. D.

"I can think of no way in which to serve you better than by calling your attention to this remedy. It would be interesting also to trace its history in the *Materia Medica*, but time has not permitted me to do so. I first became well acquainted with its properties by studying the symptoms as given in Lippe's Text Book, and soon after I became convinced of its great value by clinical observation. Some might, and do object to remedies which may be supposed to be isopathic, but there is not the slightest reason for believing that the contagious products of disease are of that character, when homœopathically potentized. Others object to drugs of filthy origin. They hold up their hands in holy horror at all such "exerescences of Homœopathy." They might as well turn up their classic noses at the golden corn and mel-
low pumpkins of our autumnal fields; the rich product of fragrant animal manures, and much nearer their origin, than is the potentized homœopathic remedy. But after all, "the proof of the pudding is in the eating," and I am not going to lose my pumpkin pie because its genealogical tree has its roots in a barn-yard. *Psorinum* resembles closely *Carb. v.*, *Chin.* and *Phos. ac.* It is most frequently required, in general practice, for debility and loss of appetite, when existing independently and without any apparent cause. The distinguishing characteristic of the debility is a ten-

dency to perspiration on exertion and at night. This may exist alone, as in the following case.

"Mr. P., age about fifty. Has always been allopathic, until I cured his horse of a violent cholera morbus with *Crot. tig.* 2^c. Complains of nothing but weakness. Has been deeply engrossed in care several months in building a fine store. He now has no appetite, and *the least exertion, e. g. walking, puts him into a perspiration.* Thinks he wants a "tonic." *Psor.* 4^c produced a rapid and perfect cure.

"This symptom may also accompany others, as in the following case:

"Mr. H., a young man of twenty-one, was obliged one day to run until entirely exhausted, in pursuit of a runaway horse. Although strong and well before, he now became weak, *perspiring easily*, and had severe pains in the right side, aggravated by motion, laughing, coughing. We find these symptoms also in the proving of *Psor.*, and after *Rhus.* 2^c and *Bry.* 2^c had failed, *Psor.* 4^c produced a rapid cure.

These symptoms of debility and loss of appetite are very frequently met with during convalescence from acute disease. I will give one example. Miss C., a young lady of culture, had a mild, typhoid fever. When convalescing well, I left her with the injunction to report any want of progress. It was about a week before her sister reported "stationary, no appetite." *Psor.* 4^c produced an immediate change, and a ravenous appetite.

"These cases are given as examples of the three conditions of debility which will most frequently require this remedy. A great many more might be given, but these are enough to illustrate the subject. The profuse night sweats of Phthisis are often greatly relieved by *Psor.* and the appetite and strength improved, but its great field is debility independent of any organic disease, or resulting from acute disease.

"One other symptom, not found in Lippe, but mentioned by Dr. P. P. Wells, of Brooklyn, has also been strikingly confirmed by clinical observation. That symptom is, *very*

offensive stools, smelling like rotten eggs. This symptom is met with mostly in children, in their first or second summer. The stool is usually a *dark-brown, thin fluid*, but it may also be green mucus, or bloody mucus. Psor. will produce a favorable change whenever this characteristic smell is met with, removing the obstinancy of the case, and either completing the cure, or rendering it easy to complete with other remedies. After Psor., the remedy most frequently required is China."

Dr. Williams had used Psorinum in both high and low potencies, from the 3d to the 2^c. In the debility following acute diseases, the 2^c had succeeded better than the low attenuations; but in *linea capitis*, and in other eruptions, the high potencies seemed to have no effect, while the low preparations did well.

Dr. Cochran here offered his report on the use of *Petroleum*, in skin affections, as follows:—

PETROLEUM.

By C. A. COCHRAN, M. D.

"Mr. S. of Mount Vernon, aged sixty-eight years. Has been afflicted with a sore and lame leg for about eight years, and for the last four or five years unable to work. Had been told by doctors that it would be useless to do anything, as the trouble was incurable. Came to see me, April 19th, 1867. Examination revealed a swelling of left leg, extending from knee to ankle joint. The leg was nearly as large again as its mate, of a purplish color, with a constant oozing of a watery substance, which, when dried, became large scales or scabs, which were easily detached, leaving the surface raw and tender. Suffers from intolerable itching, and says the leg "burns like fire." Arsenicum 2^c

"May 20.—No improvement in appearance or symptoms:

much to my disappointment, as I had cured two cases some years previous with this remedy, that seemed, according to my recollection, to be similar. It occurred to me to try Petroleum, as I had found it beneficial in several cases of itching, sore, and moist surfaces, and accordingly I prescribed this remedy in the 200th potency.

"*June 4.*—Improving rapidly. Continued same.

"*June 20.*—Still gaining. Continued same.

"*August 6.*—No particular change in appearance from last visit. The itching seems worse than for some time. Clematis, 2^c.

"*August 12.*—Leg is looking about well; some reddish blotches on the foot, which itch badly, for which he got Rhus.

"*August 24.*—Leg seems entirely well, and looks as well as its mate; although there is some itching at times in the skin. Pres. Sulph. 3^m.

"*October 1.*—Reports himself entirely well, and able to do more work in one month than for previous five years.

"Mr. D. W. has had for about six years salt rheum affecting both hands, which are now completely raw from wrist to ends of the fingers, which smart and burn, with a watery oozing all of the time. Is unable to do any work, on account of the great soreness of his hands.

"*March 10, 1868.*—Pres. Petroleum 2^c.

"*May 8.*—Almost well. Continued same.

"*June 1.*—Quite well.

"Mrs. G. has had salt rheum on left arm for nine years, extending from elbow to hand, red, raw and moist at times, and at other times covered with a thick scab or crust; unable to work on this account; was completely cured in six months with Petroleum 2^c.

"I have also cured two cases of itching herpes on the perineum, with this remedy, that had resisted other remedies for many months."

Dr. Bell further illustrated the usefulness of this remedy, by reciting the following

CLINICAL CASE.

Secondary Syphilis—Petroleum.

"I have had some experience, recently, with Petroleum in secondary syphilis. A lady contracted the disease from her husband. She came to me, with the characteristic eruption of brown spots on the arms, neck and chest, and also on the lower limbs. She had also falling off of the hair and rheumatic stiffness of the shoulders and ankles. She did not know the nature of her trouble, and I could not learn from her or her husband that she had ever had any primary symptoms. Phytol. 3, Rhus. t. 2^c and Merc. sol. 2nd cent. trit. produced no favorable change. Guided only by the clinical symptom in the Symptomen Codex, "brown spots on the wrist," and by the symptom in Lippe, "brown or yellow spots on the skin," I gave Petrol. 2^c and produced a complete and radical cure."

Dr. Thompson stated that he was once poisoned in the legs by *Rhus radicans*, popularly known as the poison ivy. The itching was most intolerable. The antidote used was, soaking the legs in hot water, and then rubbing on fine salt. Relief was immediate, and recovery seemed to commence at once. Dr. T. stated that he had since resorted to the same means, in similar cases, and with success.

Dr. Irving S. Hall read, as his report, the following

CLINICAL CASES.

Case I.—Gelsemium in Febrile Conditions.

Mrs. M., age seventy-four, February 29th, 1868. Saw the patient about 10 A. M. Yesterday, in the afternoon, was attacked with violent pain in the limbs, back and head. This morning, the same symptoms continue, after a restless night.

Pulse rapid, occasionally intermitting. This intermission I should, however, add, is habitual with the patient. Tongue furred; not much thirst; *wants to be quiet and let alone; does not want to talk or have persons about her in the room.* This last symptom, especially in these attacks, is said to be a decided indication for Gelsemium. I prepared the 80th potency of this in water, two tea-spoonfuls to be taken every three hours. On seeing the patient next day, a favorable change was presented, and the violence of the fever destroyed.

"In these sudden and often violent attacks of synochal fever, Gels. will at times be brought into comparison with Acon. This latter drug is often given promiscuously (if I may be allowed the word), and without any regard to individualization, simply because the patient has fever. In the pains in the limbs, back and head, these two remedies resemble each other, but beyond that the similarity ceases. With Acon. the thirst is prominent, the patient is *anxious and restless, cannot be still.* With Gels. the thirst is not prominent, and the patient *wants to lie down, be quiet, and let alone.*

"This symptom of Gels., which I think we may term a characteristic, was first discovered by our colleague, Dr. J. B. Bell. He first observed it in himself, as a patient, and has since confirmed it by numerous cures."

Case 2.—*Asthenopia—Phosphorus.*

Miss W., age twenty-one. May 25th, 1868. The first intimation the patient had that her eyes were not perfect, was several months ago. While reading one evening, suddenly a blur came before the eyes. Though this lasted but a few moments, it seemed the commencement of her trouble, for since then she has suffered constantly, more or less, with her eyes. After reading a short time, a dull pain, seated deeply in the eye, obliges her to desist. At times, dim sight. No color surrounds objects on looking at them. Black spots passing before the eyes. Worse from looking at bright shining objects, and in the lamplight. Better in the twi-

light, which is her best time during the day. Lids feel as if weighted in the morning; cannot open them for some moments. To meet these symptoms, I prescribed Bell. 2^c. one dose. June 9th. The above prescription was hasty, and has produced little or no effect.

"After a careful review of the case, I gave Phos. 2^c. one dose, and allowed it to act about three weeks. At the end of that time, the patient reported as follows: Pain has been gradually diminishing, until within the last few days she has felt none of it. Other symptoms are better. Sac. lac.

November 13th, 1868. From the last date, until now, a period of five months, the patient has experienced **no** trouble with her eyes, though using them pretty constantly. During the last week or two, from severe exertion of them, she has felt a return of the old pain and other symptoms. Phos. 40^m. one dose of Fincke's preparation. December 3d. Immediate and complete relief from the above. Two days ago, having overworked the eyes, she is again suffering therefrom. Phos. 80^m. one dose Fincke. At the present time of writing, the patient's eyesight is apparently perfect. She uses her eyes in the finest and most trying work, without harm.

"From the *Symptomen Codex*, I extract the following symptoms of Phos., which led me to its choice. "Difficulty of opening the lids. Pain of the eyes by candle light, particularly when reading. Frequent attacks of sudden blindness in the daytime, and sensation as if a gray cover were hanging over the eyes. Black passing spots before the eyes. Pain of the eyeballs as if pressed upon, the pain is increased by seeing." The aggravation from looking at bright shining objects and in the lamplight, is also prominent under this remedy, as well as the amelioration from the twilight."

Dr. Williams remarked, that where there was severe and distressing cough, with soreness in the chest, in measles, he had met with good results from *Kali-bich*.

Dr. Jas. B. Bell then submitted the following highly interesting

CLINICAL CASE.

Post-partem hemorrhage—Ipecac 2c.

“A recent case of post-partem hemorrhage, has strongly confirmed my trust in the power of high potencies in such cases. A prima-para had a tedious labor of thirty-six hours, terminated at last by instrumental delivery. The placenta was attached fully three-fourths of its surface, and was so firmly adherent, that it was only scratched away piece-meal, with great difficulty. The hemorrhage was frightful, and being very fluid and gushing, I gave Ipec. 2^c. in water, every five minutes, applying also ice externally and internally. I requested also the attendance of my colleague, Dr. Thompson. The hemorrhage ceased in about ten minutes, and never returned, although the uterus relaxed several times, and there must have been much of the placenta still adherent in pieces too small to be removed. Having seen ice used freely in the (allopathic) obstetric clinic at Vienna, without these beneficial results, and having used it myself in the earliest years of my practice, in conjunction with the low preparations, without permanent favorable results, I can but attribute this effect to the medicine. Acon. 2^c removed, as it always does, all the soreness and lameness very rapidly, and the lady made a quick recovery.”

The final report was made by Dr. Wm. E. Payne, and consisted of the two following very interesting

CLINICAL CASES.

Case. 1.—*Sciatica—Iris versicolor.*

“I have confirmed, in one case, the following symptoms furnished by our worthy colleague, Dr. Conrad Wesselhoeft, in his proving of the *Iris versicolor*, viz: *sudden, shooting, burning, aching pain from behind the trochanter, down the posterior part of the left thigh, producing lameness, and greatly aggravated by motion.*

"The case was that of a widowed lady, about forty-two years of age; tall, light complexion and hair, and blue eyes; and had been of about three weeks' continuance. The pain was confined to the *left leg, shooting, burning, laming, affecting the posterior femoral muscles, and shooting along the left sciatic nerve to the foot, and greatly aggravated by motion.* These symptoms resembled so nearly those found in the recorded provings of the *Phytolacca-decandra*, as I remembered them; and having used this remedy successfully in two or three cases, which appeared to be very similar, I prescribed it with much confidence of success; but it failed to affect the symptoms in the slightest degree. On reviewing the case, and comparing it critically with the drug, I found the symptoms were not so well covered by the *Phytolacca* as I had supposed. The posterior muscles of the thigh and leg were affected, and the pain was *burning* as well as shooting and laming; whereas, in the provings of *Phytolacca*, the pains have always been observed in the outer, or external part of the left thigh, as well as in the outer portions of the other limbs; and though decidedly neuralgic, shooting along the nerves, yet they are *aching* and *pressing*, and not *burning*. But no other published remedy known to me seemed to cover the case so well as *Phytolacca*.

"Some months previous to the occurrence of this case, in a conversation with Dr. Wesselhœft on the proving of drugs, he remarked that he had obtained some marked symptoms from the *Iris vesicolor*, prominent among which was a painful affection of the left sciatic nerve, and kindly offered to furnish me a copy of his record, which he subsequently forwarded by mail. My failure brought to recollection the conversation with Dr. W., and the preserved copy of his proving, and here I found the *similimum* of the case. I gave a powder of *sugar of milk* moistened with the tincture, to be dissolved in eight table-spoonfuls of water, a spoonful to be taken every six hours till better, then omit. I heard nothing more of the case for some two

months, when I was informed by the patient that immediate and permanent relief followed the use of the medicine."

Case 2.—*Catarrh—cold in the head—Gelseminum.*

"I have cured with *Gelseminum* cases presenting the following symptoms: dryness of the pharyngeal cavity; soreness, and painful feeling of erosion, commencing at the superior portion of the right tonsil, extending upwards and forwards to the soft palate, into and along the right nostril, with smarting, itching, sneezing, and painful burning sensation on every inspiration of cold air, as if a stream of hot water were being forced through the nasal cavity of that side; stoppage of the left nostril; abundant secretion of transparent irritating mucus about the throat and nostril, rendering hawking and blowing the nose a very frequent necessity; painful burning and itching of the palate; heavy aching soreness in and around the teeth of the upper jaw, extending to the cheek bones and frontal sinuses; continuous aching in the right ear, increased to a shooting pain on swallowing; pain in the back and head (worse in the right side of the head), mitigated by pressure; sensitiveness to cold air, and great general fatigue.

"The above symptoms, which characterize one of the several forms which the colds of the season have assumed, occurred in the case of an individual who had been easily affected through life by sudden atmospheric changes, and generally in a similar way; and notwithstanding the employment of a variety of remedies, some of which were selected with much care, the previous attacks had proved painful and persistent; involving in the progress of the disease, the bronchial ramifications, producing a hard and painful cough, which yielded at length apparently to the recuperative energies of the system, rather than to the curative powers of the remedies used.

"My attention was called to *Gelseminum* in this case, by reading the following indications for its use in Raue's Pathology, on page 96: "disposed to catch cold from any

change in the weather; sore throat in the upper part of the pharynx; pain on swallowing, shooting up into the ear." Gentle perspiration and quiet sleep followed a single dose of the 3d attenuation, and the crisis was reached in a few hours, which, in previous similar attacks, had been reached only after a period of several days, oftener prolonged to several weeks, when the extreme bronchial ramifications became involved. I have obtained like results in other cases, presenting the characteristics of the above."

The Society then adjourned, to meet in Waterville, July 21st, 1869.

IRVING S. HALL, M. D.,
Secretary.

KEY-NOTES; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M. D.

(Continued from page 373.)

Baryta carb.

THIS medicine is forcibly indicated in cases in which *mental or physical weakness* is prominently exhibited. Fear or dread of the presence of others. The patient imagines himself criticised or laughed at by others, which causes a feeling of great unhappiness. The patient is suddenly overwhelmed with apprehensions of evil; cries out that his family or friends are ill, &c., which causes great distress. The patient is anxious about the most trivial affair. The patient frequently forgets what was just said, just done, or what he was going to do or get.

The carbonate of baryta seems to be suited to persons of low stature—dwarfish.

Sensation as if the brain were loose,—it seems to move to and fro on motion of the body. The brain feels stupid, as if benumbed. The right side of the head feels, to the patient's sense, burning hot: while it is, in reality, cold to the touch.

Formication of the scalp; a sensation as if the hair stood

on end. The patient cannot bear to look at one object for any length of time. Artificial lights appear as if surrounded by an iridescent halo. Sparks before the eyes, in the dark. This drug should be consulted in all cases of "*very weak eyes.*"

A variety of *sounds in the ears*, such as echoes, cracklings, reports, reverberations.

Sore throat, &c., with difficulty in moving the lower jaw, as if the joint was stiff. Painful swelling and induration of the sub-maxillary glands.

A variety of troubles in the posterior nares, and behind the base of the uvula ; formation of scabs there, &c.

The passage of food to the stomach is painful, as if the bolus passed over a sore spot. *Sore feeling* in the stomach, even when the patient is at rest.

Noises in the abdomen when moving, as if it contained a considerable accumulation of fluid.

Diarrhœa, with pain in the small of the back.

The soles of the feet are painful, when walking, on account of callosities (also Calc. c.)

Fetid sweat of the feet (also Silicea.)

Very well adapted to persons who take cold readily, and which always results in sore throat.

The patient constantly feels weak and weary ; wishes to lean on something, or to sit or lie down, and then still feels weak and weary.

In *scarlet fever*, with enlargement and induration of the glands of the neck, and much pain in the ears and head.

This remedy should always be considered in diseased conditions in the region of the *posterior nares*, and particularly if the patient be troubled with frequent epistaxis.

Belladonna.

This medicine is particularly applicable, and, in fact, takes the lead over all others, in cases in which *quickness* or *suddenness* of either *sensation* or *motion* is prominent. The patient moves with unnatural rapidity, and speaks quickly ;

the pains are sudden in their appearance, and, after a time, as suddenly disappear; or, after coming on slowly and arriving at their highest pitch, suddenly cease.

Jerking pains, coming on during sleep even. Jerking or jumping of single parts or of single muscles; for example: in many cases of high febrile excitement; full, bounding pulse; burning hot skin; with the jerking, jumping, or quickness of movement referred to above; a few doses of Belladonna will suffice to remove the entire chain of symptoms.

Disorders characterized by universal *redness of the skin* with or without rash—the arterial capillaries seeming everywhere overcharged—even those of the sclerotica.

General tremor, with anxiety.

Nearly all of the *mental symptoms* lead to *violence* of action; the patient must do everything violently. She wishes those around her to kill her. Sensation as if one were in a boat, or as if floating or gliding along. Sensation as if the body or a part of it were greatly enlarged. Sensation of pricking or painful pressing, from below upwards. Staggering when walking. Desire to stretch the limbs. Sensation of tearing, from below upwards. Sensation of burning and pricking in the skin; the skin imparts a sense of burning to the touch. Sensation as if the skin were being cut or sliced with a knife. Sensation of tightness, particularly of inner parts.

The *head* feels heavy. Headache over the eyes, increased during motion; the eyes close involuntarily. The headache is relieved by strong pressure from without. The headache is often accompanied by stitching, shooting, or tearing. Sensation of motion, commotion, or swashing within the head. A cold spot is felt deep in the brain, opposite the centre of the forehead. Some headaches are relieved by sitting up; in fact the patient cannot lie down in consequence of the aggravation produced. When lying, the pulsation of the arteries of the brain are felt and heard; this is so annoying as to prevent sleep. The sufferings are mitigated if the

woman has her hair hanging loosely, and are aggravated if it is "put up." The head has an inclination to bend or fall backward.

Very red and hot face, with throbbing of the carotids and injection of the scleroticæ. *Erysipelas* of the face, the parts being red, hot, and *hard*.

Belladonna cures some cases of *entropium* without surgical interference. Feeling of burning dryness of the *eyes*. The water flowing from the eyes feels hot, or smarting as though it were impregnated with salt. She cannot read or sew in consequence of double vision. Impairment of sight in consequence of too constant use of the eyes. *Objects appear inverted*.

Sharp pains in and about the *ears*, darting into the articulations of the jaw and parotids ; these pains are sometimes excited by chewing.

The tip of the *nose* is red and hot, particularly in warm weather. (This is exceedingly mortifying to young ladies who are thus troubled, and I constantly remove the trouble by giving a high potency of Belladonna, and waiting, sometimes for several months.) Stitching pain in the tip of the nose. Imaginary smell, as of rotten eggs.

Grinding of the *teeth*, with moaning. The walls of the buccal cavity, fauces, and papillæ of the tongue are red, and appear inflamed. Great dryness of the *mouth*, relieved for a short time by rinsing with cold water. Continual desire to swallow, and sensation as if he would suffocate or choke if he did not. Inability to swallow. Liquids return by the nose, on attempting to swallow. Great difficulty in swallowing ; the attempt to do so causes lachrymation and closing of the eyes. (This last condition is apt to pertain to Belladonna sore throats.)

The pains in the *stomach and abdomen* are worse when walking, unless the patient walks slowly and quietly, so as to occasion no jar. *Clutching* pain in the stomach or abdomen, as if the parts were clutched firmly by a hand. In most cases of *puerperal peritonitis*, where Belladonna is in-

icated, a hot steam seems to issue from the body of the patient, particularly at the onset of the disease. In colic, particularly infantile, the patient bends backwards, and the pains come on suddenly, and as suddenly disappear. The least jar of the bed upon which the patient is lying, causes an aggravation of the abdominal suffering.

Coughing causes much pain in the pit of the stomach; "the cough seems to strike there." Almost uninterrupted cough, continuing for a long time. Rattling noise in the bronchial tubes; not a wheezing sound, but a peculiar loud *rattle*. Cough causing great redness of the face and congestion of the eyes; the eyes are sometimes exceedingly red, "one gore of blood." In many cases of hoarse, croupy cough, a single dose of Bell. 4^m. will cure in forty-eight hours. It is also indicated in many cases of real croup, and these cases are of by no means infrequent occurrence. It is suitable, also, when coughing causes pain throughout the chest, as if it were sore. Cough, with fear of spitting blood, the patient having a taste as of blood in the mouth.

The patient does not *sleep* well, and "hears all that is going on;" is in a half-waking and half-sleeping condition, and, consequently, suffers from want of sleep. Drowsy, heavy and stupid, yet not asleep.

Frequent *chilliness* during the day, although well protected and even feverish. The sight is dim on account of the intensity of the fever. The surface of the body imparts a burning sensation to the hand of the physician, so that it burns even when removed from contact with the skin. The *pulse* has a full double beat.

Inflamed breasts, when the inflammation manifests itself in streaks or rays, diverging from the centre towards the circumference; and, as well, moles, tubercles, wheals, warts, &c., with a like characteristic.

The symptoms indicative of Belladonna—besides their well known peculiar aggravations—are usually exacerbated twice daily, viz: in the *afternoon* and *after midnight*.

I commonly prescribe Bell. 4^m. a single dose, and await results; and from this procedure I have the best results.

Benzoic acid.

This drug has a very important key-note observed by Dr. Jacob Jeanes, many years ago, and which I have frequently verified in practice. *Urine scanty, of dark brown color, and the urinous odor highly intensified.* In cases of sore throat; diarrhoea, infantile or in adults; menstrual derangements; some forms of hypochondriasis; and other diseases, where this condition of the urine is noticed, I feel confident of effecting a cure by administering Benzoic acid 2^c. In *rheumatism*, likewise, the urinary symptoms very frequently indicate this remedy, and in such cases I never fail of effecting curative results promptly, and the same remarks may be made regarding nephritic colic. In fact, there are many cases presenting themselves constantly, in which if I were deprived of this remedial agent, I should keenly feel the want of it. It is to be remembered that "disease disappears inversely as it appears," and the urinary conditions above narrated are commonly the last appearing conditions in the chain of morbid action; hence they are the first to disappear; and being the resultant of long continued morbid agency, it is but reasonable to await with patience the perhaps tedious, but certain remedial force of the medicament administered with a view to curative results.

(To be continued.)

WESTERN INSTITUTE OF HOMŒOPATHY.—The next annual meeting will be held at Ann Arbor, Michigan, on Thursday and Friday, 19th and 20th days of May, 1869.

AMERICAN INSTITUTE OF HOMŒOPATHY.—The 22d annual session will be held in Boston, commencing Tuesday, June 8th, and continuing four days. The preliminary meeting will be held on the evening of Monday, June 7th.

SURGICAL CASES.

BY MALCOLM MACFARLAN, M. D.

Case 1.—True Aneurism of the Ulnar Artery.

January 24, 1869. Mr. E. P., *aet.* 62, a farmer, who had until recently enjoyed good health, presented himself for examination, having a tumor extending along the whole anterior surface of the right forearm. It was compressible in every part, and had grown so rapidly and large as to have completely involved and destroyed the muscular relations. Its greatest circumference measured sixteen inches at the middle third of the forearm. On applying the stethoscope, the aneurismal thrill was distinctly heard. The skin was distended to its utmost, and showed signs of ulceration in several places; hemorrhage had taken place from two wounds, when lanced by an inexperienced surgeon; but there were no evidences of direct communication with the sac proper. The hand and forearm had been numb for many months, but still considerable heat was maintained. Slight motion could be made with the fingers, but for all practical purposes, the arm was useless. The pain was of a constant, dull, aching character. Of late, his general health had much degenerated; he trembled and grew faint at the least excitement.

There were but two courses open, *ligation* or *amputation*. To have ligated the brachial artery was out of the question; the collateral circulation was altogether insufficient, and even were it not so, the inflammation and sloughing of the large sac, with its layers of lymph, would have caused mortification of the arm, and amputation, at this stage, when the patient was so much debilitated, would have proved fatal.

Assisted by Dr. Wallace McGeorge and Mr. H. W. Rice, the patient was etherized, placed in proper position, and the tourniquet applied to the upper part of the brachial artery. The arm was firmly grasped, and with a circular sweep of the long amputating knife, the integument divided at the middle third of the arm; the divided integument was

then dissected up from the muscles for nearly an inch, and all the tissues divided down to the bone by a circular incision; the bone was sawn, the spiculæ removed, and the parts cleansed. The orifice of the artery was found to be three times its normal diameter, and on drawing it out to attempt ligation, the coats gave way. A straight incision was made over the vessel, and again ligation failed when attempted. A third endeavor, however, succeeded in getting a sufficiently firm coat to retain the ligature. A few smaller vessels were then tied, and the parts brought together with sutures and adhesive straps, after the manner of the antero-posterior flaps. A cushion of charpie was applied to the stump, and the whole appropriately bandaged. As a safeguard, the tourniquet was allowed to remain loosely attached, just below the shoulder.

A careful dissection of the forearm confirmed the diagnosis. The various layers of lymph were pulled out, one after the other, from the walls of the sac; softening had already commenced, and in a short time, no doubt, the sac would have ruptured and immediate death ensued.

After Treatment.

The dressings were changed on the second day, the wound cleansed, and fresh lint applied; and each day thereafter the dressing was removed and the stump carefully examined. The diet and regimen consisted of nutritious (principally farinaceous) food, rather sparingly for a day or two, after that as much as the patient desired, and, as a stimulant, a table-spoonful of brandy at intervals of two hours, the patient being accustomed to its use. He was kept quiet, and all causes of excitement or exertion were forbidden. The following symptoms were recorded:—

January 25, 8 A. M. Found patient in condition of great prostration, and sick at his stomach from the chloroform and ether (of which he inhaled eight ounces in all, in the proportion of $\frac{1}{4}$ chloroform to $\frac{3}{4}$ ether), the fumes of which were found upon his breath. Pulse 62, full; considerable

pain in arm from pressure of tourniquet. Gave *China* 2^c, a tea-spoonful every hour. At 7 P. M. condition unchanged, same prescription continued.

January 26. Pulse 72; slept tolerably well the latter part of the night; removed the dressings and loosened the tourniquet. Gave brandy, a dessert-spoonful every two hours.

January 27. Pulse 80; removed the tourniquet, dressed his arm, finding some pus on the lint, and two large blisters, which were punctured, discharging a serous fluid; he was able to sit up and have his clothing and bedding changed. Continued the brandy. No medicine.

January 28. Complains a great deal of burning in the hand which was removed, not feeling it in the stump; no hemorrhage; slight cramps in stomach upon rising too suddenly in bed, for which gave *Bell.* 2^c, dry on tongue, but he obtained quicker relief from the brandy; pulse 88.

January 29. Pulse 80; fever abating; still has cramps upon moving too suddenly. Sits up each day to have his stump dressed.

January 30 to February 3. Pus discharges freely; pulse varies from 72 to 80; appetite good; inclination to go to stool, but no passage; bowels have not moved since the day before the operation (January 23). Gave (February 3,) *Nux.* 2^c, in water, a tea-spoonful every two hours, until his bowels move.

February 4. Large, hard stool came away this A. M. (12th day) appetite good; stump looks well.

February 7. Sat up to table and ate his dinner with his family for the first time since the operation; food tastes well; no change in the arm observed.

February 8. Removed the old straps and applied fresh ones; pus is still discharged freely. *Silicea* 2^c, one dose, dry on the tongue.

March 13. Discharge still continues. Traction on the ligatures brought away one of the smaller ones.

March 16. Two small ligatures were removed, and the

one from brachial artery also came away (52d day). The sutures were also cut out and removed. Discharge very slight; wound almost healed up.

March 22d. Wound healed up.

Case 2.—Perforation of the Cornea.

M. E. S., of scrofulous habit, aged $6\frac{1}{2}$ years, was first seen December 7, 1868. She had been troubled with phlyctenular corneitis of the left eye for some weeks, and had been treated by caustic lotions and internal remedies, but had gradually become worse. She had conjunctivitis in both eyes, with considerable pain, photophobia, and profuse lachrymation. Leashes of vessels ran in all directions towards a vesicle one and a-half lines in diameter, and which obscured the inner half of the pupil, and extended towards the canthus. Successive vesicles had formed, which, on bursting, would afford temporary relief. She received various remedies, such as Hepar, Merc., and Sulph., up to December 23, when medicine had accomplished all that was possible in ameliorating the general inflammatory condition. At this time the proper substance of the cornea had been penetrated, and a clear vesicle had made its appearance, surrounded by a darkened margin.

Assisted by Dr. Wallace McGeorge, the child was etherized, the diseased portion of the cornea dissected away from the margins of the ulcer by lateral strokes of the knife, and the ocular tension relieved by paracentesis. The eye was thoroughly cleansed with tepid water, the lids joined by narrow strips, and a soft compress of charpie placed over them; the child was put in a darkened room, and both eyes kept in a state of repose. Zinc 2^c, in water, was given three times a day. On removing the straps (December 27), the eye was found in an exceedingly inflamed condition. Acon., in water.

January 23. Left eye improved, and can distinguish her fingers.

January 29. Corneal ulcer nearly healed. Gave Hepar 2^c for a few days, and then changed to Sulph 2^c.

March 20. Her eyes are now entirely free from scrofulous inflammation, and the cicatrix of the original ulcer is less than one line in diameter.

As the patient lived at a distance from Philadelphia, the result could not have been so favorable but for the able coöperation of Dr. McGeorge in conducting the after treatment.

CIMICIFUGA IN SUPPRESSION OF THE LOCHIA.

BY RICHARD KOCH, M. D.

Mrs. K. was delivered of a child on March 3d, after having suffered from false pains for nearly two months previous. Labor natural but tedious. Child in first position; vertex presentation.

Everything progressed favorably until the fourth day after labor, when the patient suddenly felt very faint, the face becoming ashy-white (her usual substitute for a chill), which lasted six hours. The feeling of faintness was so great that the patient believed she was dying. During the night fever set in, with subsequent clammy perspiration; pulse 150, and small; great prostration; the extremities were cold and began to twitch; delirium; subsultus; great headache; buzzing in the ears; great thirst. *Arsen.* 6, was administered, but the symptoms becoming worse, and no pain in abdomen being felt, I concluded that I had a case of adynamic puerperal fever before me. Next day the *Lochia* suddenly *ceased*, and the brain symptoms characteristic of that condition became very violent. I now gave *Cimicifuga* 1st dec. dil., ten drops in water, *to be taken in one dose*. One hour after this administration, the *Lochia* returned, and all symptoms improved. No further medicine was given, until a relapse occurring the next day, the dose was repeated, and again the *Lochia* returned in an hour. From this time, the patient improved steadily, without further medicines.

PUBLICATIONS RECEIVED.

REPORTS OF THE TRUSTEES AND SUPERINTENDENT OF THE BUTLER HOSPITAL FOR THE INSANE. Presented to the Corporation at their Annual Meeting, January 27, 1869. Providence, R. I.

The officers of this institution are, John W. Sawyer, M. D., Superintendent and Physician, and Samuel Worcester, M. D., Assistant Physician.

REPORT OF THE PENNSYLVANIA HOSPITAL FOR THE INSANE, for the year 1868, by THOMAS S. KIRKBRIDE, M. D., Physician in chief and Superintendent, Philadelphia, Pa.

The other officers of this institution are, S. Preston Jones, M. D., Assistant Physician, and John T. Wilson, M. D., Second Assistant Physician, at the Department for Males; and Wm. P. Moon, M. D., Assistant Physician at the Department for Females.

The treatment and care of the insane have hitherto received but little attention from Homœopathic physicians, not from indifference to the subject, but because their time and energies have been devoted in a great measure to developing the *Materia Medica*. Lately, however, there has been evinced a disposition to pay more attention to other branches of professional study. We have noticed above the reports of two of the most prominent and best managed hospitals in the country; but why should we longer be dependent upon Allopathic hospitals for the treatment of the insane among our friends and patients? During the early years of Homœopathy, when it was struggling for existence, this was necessary, but is so no longer. The voice of the friends of Homœopathy should now be heard, not asking as a favor but demanding as a right, representation in the medical management of State Hospitals for the treatment of the insane. Wherever two or more such institutions exist in and are supported by a State, one, at least, should be under the management of Homœopathists. If our wives, children or friends were suffering bodily ills, we would regard it as deliberate trifling to trust them to even the most skillful Allopathic physician; how much more imperatively is it our duty to provide for the proper care and treatment of those whose minds are affected. In the one case, the body alone may die; in the other, the patient may remain for years demented, and unable to appreciate or enjoy the slightest pleasures of life.

Will not some one of our State Societies take this matter into serious consideration? A vigorous and determined effort will, beyond a doubt, succeed. If we have but a single Hospital under Homœopathic control, the increased favorable results of treatment will contrast so well with even the best now in vogue, that it will form a powerful leverage in effecting a radical change in the management of those who are so terribly afflicted.

Regarding this question in its financial view, it is evidently the most economical plan to place the Hospitals under Homœopathic care; for, although the total annual cost might be as large as under the present system, probably twice as many patients could receive treatment during the year, owing to the increased rapidity of recovery, thus greatly reducing the cost per patient, in addition to the benefit that would accrue to society from the conversion of consumers into producers.

We are glad to be able to say that a step has been taken in the right direction. In the fall of 1867, an Act in reference to the establishment of an "Asylum for the Insane in one of the Western or Southern tier of counties of this State" was introduced into the New York Legislature, reported favorably by the committee, and there allowed to rest. Dr. H. M. Paine, of Albany, says, in the *American Homœopathic Observer*, "The failure is to be ascribed to the indifference of the profession to the political advancement of our method of practice. We hope a thorough canvass will be made this fall, and more general interest awakened, and concerted action secured."

We do not know what steps have been taken, or results obtained, but trust our friends in New York will not rest until they have attained the honor of establishing the first Homœopathic hospital for the insane in the world.

Since writing the above, we see in the New York papers, among the Legislative doings, that a bill was passed by the Senate, "To appoint Commissioners to locate an Asylum in the Eighth Judicial District;" and as this district comprises the south-western counties, we hope our cause is progressing favorably.—S. W.

TRANSACTIONS OF THE TWENTY-FIRST SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, held in St. Louis, June 2, 3, 4, and 5, 1868. NEW SERIES.

This volume has been a long while in making its appearance, but it comes to us in such a handsome shape that we do not feel at all like grumbling. It is indeed a splendid volume, and one, both from its appearance and contents, of which the members of the Institute should feel proud. A great variety of valuable information is conveyed in the various papers comprising the reports of Bureaus, and the whole is set forth so clearly and accurately, that the vote of thanks given the Secretary and Committee of Publication for the Transactions for 1867, so well deserved then, will be still more appropriate for the editing of the present volume. The spirit of fault finding, shown in the St. Louis session, on the part of a few of the members, is to be reprobated; while the objection to paying for the publication of the annual volume, on the score of *economy*, by members who are greatly benefitted thereby, places the objectors somewhat in the position of the venerable dame who was desirous of having "the smallest kind of Bible, with the largest kind of print in it."

MONOGRAPH ON DIOSCOREA VILLOSA AND DIOSCOREIN; *their Physiological effects, together with their use in Disease.* By A. M. Cushing, M. D., Lynn, Mass.—Detroit, Mich.: E. A. Lodge. Price fifty cents. We have received a copy of this pamphlet from the author, and one from the publisher. It gives the result of a series of provings made by one of our most accurate and reliable provers, and presents the day-book and final resumé of all the symptoms recorded. Many of these corroborated symptoms formerly observed, while many new ones were elicited. Dioscorea promises to be an exceedingly valuable remedy, and, indeed, many of the symptoms here laid down, particularly those of the abdomen and stool have been confirmed, in our hands, during the past year. We trust that a variety of provers will turn their attention to this remedy, so that all that can be known of it may be speedily brought to the notice of the profession.

PROVING OF CARBOLIC ACID. By T. Baemeister, M. D.; Temple S. Hoyne, M. D.; T. C. Duncan, M. D.; S. P. Hedges, M. D.; C. W. Boyce, M. D., Chicago; W. B. Keene and Cooke, 1869. This *brochure* of thirty-five pages sets forth some of the pathogenetic effects of this powerful agent, as manifested in the above named provers and others. The names of the gentlemen are a sufficient guarantee that the effects of the drug as developed were accurately and intelligently observed. This also demands a more extended investigation. We do not hesitate to assert that the skin symptoms of carbolie acid will be found to be much more extensive and varied than have as yet been reported.

HOMŒOPATHY AND ITS PRACTITIONERS IN CHESTER COUNTY, PENNSYLVANIA. By Jos. E. Jones, M. D., West Chester, Pennsylvania. Published by the Homœopathic Medical Society of Chester and Delaware Counties. This was presented in the form of a report to the above named medical society at one of its meetings, and by it accepted and ordered to be published. It gives an account of the rise and progress of Homœopathy in one of the best sections of Pennsylvania, and mentions those who successively introduced the practice to its intelligent inhabitants. Dr. Jones has evidently bestowed much time and labor in the production of the report, which will become more valuable in the lapse of time. It is very pleasant reading, and valuable to all persons interested in Homœopathic statistics.

A CONTRIBUTION TO THE STUDY OF HUMAN MILK. By T. F. Allen, A. M., M. D. Reprinted from Transactions of the N. Y. State Hom. Med. Society, 1868. An eminently suggestive and practical essay on the histology of milk and its microscopic appearance in health and disease. Dr. Allen has made this a subject for study for several years, and sets forth his views clearly and succinctly. The subject is illustrated by a number

of plates giving the microscopic appearances presented by milk in its healthy and degenerate conditions.

SEVENTEENTH ANNUAL REPORT OF THE DIRECTORS OF THE NEW YORK OPHTHALMIC HOSPITAL, for the year 1868. The medical staff of this institution consists of some of the most skilled and able homœopathic physicians and surgeons in the city of New York. During the year, 1,173 cases of diseases of the eye were treated, and 104 operations were performed, and 67 cases of diseases of the ear. Lectures are delivered during the winter season on Wednesday and Saturday evenings, and *clinics* are held four times a week. The accommodations being entirely inadequate, measures are being taken to provide for the erection of a proper building, to which the attention of the charitable is directed.

THE ESSENTIALS OF A RELIABLE PATHOGENESIS, *and the proper means of selecting the remedy.* By E. M. Hale, M. D. Dr. Hale, in this paper, very correctly states what a *pathogenesis should be*, and how it should be obtained to be reliable. In the latter part of the pamphlet he narrates the various methods by which physicians, all claiming to be equally homœopathic, select a remedy, and adds two rules to be observed, in addition. We would suggest first, that Dr. Hale does not justly appreciate the "key-note" method; and second, if his second rule were essential, we would often be deprived of the means of cure from an inability to select the remedy.

MEMORIAL ADDRESSED TO THE MEMBERS OF THE GENERAL ASSEMBLY OF THE STATE OF INDIANA. This embraces the Report of the Select Committee of the Senate of Michigan, relative to establishing a department of Homœopathy in the University of that State, and was presented to the General Assembly of the State of Indiana, with a view to securing the action of that body favorable to the establishment of a like department in the University of Indiana. We are not able to state the measure of success the petitioners met with; but if the members of the Legislature of Indiana are governed solely by a desire to serve the best interests of their constituents, the convincing tables set forth in this memorial will certainly induce them to grant the request.

THE HOMŒOPATHIC IDEA IN THERAPEUTICS. *Annual Address delivered before the American Institute of Homœopathy at the Twenty-first Session*, by Henry B. Clarke, M. D., of New Bedford, Mass. Reprinted from the Transactions of the Institute. A plain exposition of Homœopathy, showing what it is, and wherein it differs, in character and results, from Allopathy. Dr. Clarke's address belongs to the class termed "popular," and certainly must have told well with the good citizens of St. Louis. If we are to have no more of this style of speech-making before

the Institute, we are glad to know, at least, that the closing one of the series is so well written.

BIBLIOTHEQUE HOMŒOPATHIQUE Tome II., No. 8—April 15th, 1869, Paris. We have not before had the pleasure of acknowledging the receipt of Dr. Chargé's Journal. We are in receipt of it from the commencement of the current volume, and propose, ere long, to present our readers with some translations from its valued pages. It is a magazine of high character, and one of the best and most useful in the world.

THE CANADA JOURNAL OF DENTAL SCIENCE. Published at Hamilton, Dominion of Canada. This is a new addition to our list of exchanges, and is an excellent monthly, devoted to the interests of dentists and dentistry. The Hamilton editor, Dr. C. S. Chittenden, is a homœopathist, and he, with his brother editors, are meeting with the success a magazine so capably conducted is sure to secure for those interested in it.

NEW YORK MEDICAL JOURNAL, April 1869, Vol. IX., No. 1, New York: D. Appleton & Co. This, one of the best, if not the very best allopathic journal in the country, comes to us in a new dress. It is now printed on fine white paper, and by a change of type a great addition is made to the quantity of reading matter, while the price has been reduced to four dollars per year. Valuable original communications make up the greater part of its contents, but the entire medical literature of the world is put under contribution to supply its miscellaneous department. We commend it to our subscribers as a most excellent magazine, and one particularly interesting to homœopathists.

THE PROBE. *An inquiry into the use of stimulants and narcotics, the social evils resulting therefrom, and methods of reform and cure.* By Joseph Parrish, M. D. Issued quarterly from the Sanitarium, Media, Pa. Another addition to our exchange list, which we most cordially welcome. To all engaged in the crusade against rum, or in the effort to relieve the miseries occasioned by its use, we extend the right hand of fellowship, and bid them God speed. This little book, published quarterly, contains excellent matter, medical and otherwise, and we trust that it will have an extended circulation, and be the means of effecting much good. The homœopathic treatment of the body and mind diseased by the curse of drink or opium, is as yet in its infancy, but there is no homœopathic physician of any great experience but knows that in our method lies the true treatment for this class of patients, as well as for all others.

EDITORIAL.

OUR PHILADELPHIA MEDICAL SCHOOL.—The following "ANNOUNCEMENT" appeared in connexion with the March number of the "*American Journal of Homœopathic Materia Medica*:"—

"In order to relieve the minds of the Alumni of the Homœopathic College of this city of all anxiety in relation to its present position, it is thought judicious to make the following statement prior to the regular annual announcement of the institution.

"By a recent special Act of the Legislature, the Charters of the Homœopathic Medical College of Pennsylvania and The Hahnemann Medical College of Philadelphia have been merged into one, and all the rights, privileges, and immunities accruing to graduates of either College have been thereby preserved and secured to all. Thus the graduates of either College, by this Act, become the Alumni of The Hahnemann Medical College of Philadelphia, which, in law and in fact, is the Homœopathic Medical College of Pennsylvania, and the forthcoming announcement will be that of the 22d Annual Session of this institution."

By this it will be perceived, that while it is true that the *old* Homœopathic Medical College of Pennsylvania and the *new* Hahnemann Medical College of Philadelphia have alike ceased to exist as distinct Colleges, *yet both are continued in the life of a third institution.*

The remarks made by us in our February-March issue, were predicated on rumors that were afloat, and on notices which had been printed; and these made it appear that the old College was to become utterly *nil*, and that each one of its Alumni would have the uncomfortable consciousness of being possessed of the diploma of a defunct *alma mater*. By the joint action, however, of the Boards of Trustees of the two Colleges the institutions are now conjoined, as above related, and that disaster averted.

The members of the late faculty of the Homœopathic Medical College of Pennsylvania have regarded themselves as in some degree the guardians of the honor and dignity of that institution, and of its Alumni, and deem it proper to state to the whole profession their approval of the measures that have been taken to bring about a *real and cordial union*, and to offer their congratulations on that auspicious event. The name of the *new* College is that of one whom we all delight to honor; and the objections urged against any change of name from that of the old College have been met and overcome by the high-minded and honorable course pursued by those who had the power—though they lacked the will—to entirely uproot the institution established by twenty-one years of earnest and devoted labor.

The new school gives promise of being the worthy continuation of the old one in its best days. Its corps of teachers is composed of able and indefatigable men; and the means of illustration afforded by its museum are very complete. As a friend to education, therefore, we rejoice; and we do not hesitate to affirm that the Philadelphia College will commence its *twenty-second annual session* unsurpassed, as a medical school, by any similar institution in the world.

A HOMŒOPATHIC HOSPITAL IN PHILADELPHIA.—The members of the profession, in Philadelphia, have determined that a hospital for the treatment of the sick poor, on homœopathic principles, shall be erected in that city, and endowed. Regarded as a boon offered to suffering humanity; as a means of accurately demonstrating the superiority of the homœopathic method of treatment over all others; as a necessity in the education of those who are to enter into the business of healing the sick in accordance with the maxim of Asclepiades—or, in fact, regarded in any light, there can be but one mind as to the importance and urgency of the measure.

The friends of Homœopathy in Philadelphia constitute a power, and that that power has not been, heretofore, successfully wielded, has been owing, mainly, to a want of unity of effort on the part of the profession. There is every reason for believing, however, that now there is not one physician in the city who will not be glad to do what he can to further the noble enterprise. We owe it to those who are to come after us, in the profession, to furnish them, during their days of pupilage, with that best means of instruction of which we so greatly feel the need; and we owe it, as well, to ourselves, to erect some enduring memorial of our appreciation of the work of our great master, Hahnemann.

We are informed that a "Grand Fair" will be held during the coming autumn, and that all homœopathic physicians of Pennsylvania and neighboring States will be invited to coöperate with the ladies and gentlemen who will have it in charge.

HERING'S MATERIA MEDICA.—We were greatly pleased to notice in the last (April) number of the *British Journal of Homœopathy*, in an appreciative notice of the American Journal of Homœopathic Materia Medica, that the editor took occasion to allude to Dr. Hering's work on Materia Medica, now being published in the latter journal. Dr. Hering has spent the greater part of a laborious life in accumulating materials for the construction of this invaluable work; and his storehouse, like that of the householder, contains things new and old. It is very desirable, in our estimation, that all this matter be arranged and published under the immediate superintendence of its present custodian, who is able to add so greatly to it from his own vast experience. There is, perhaps, no lover of English literature but felt a keen personal loss in the unfinished condition in which Lord Macaulay's magnificent History was left; and, we are sure, every homœopathist in the world will experience a still greater personal loss if Hering's Materia Medica is not completed during the lifetime of the now venerable Professor.

We trust that our brother journalists, and our societies, will give earnest heed to this matter, and propose some plan by which we may have secured to us, without any unnecessary delay, the publication of a work so important. We guarantee that any physician who may read the pathogeneses of Cuprum and Stramonium, as laid down in Drs. Hering and Martin's journal, will feel equally interested with us in seeing the entire book in print, and accessible to all.

THE TENTH OF APRIL.—The anniversary of the birthday of Hahnemann seems to have been observed in different quarters of the world.

We learn that in Paris, on that day, a festival was held in honor of the event.

In St. Louis, Dr. T. G. Comstock—"may his tribe increase,"—in accordance with what appears to be his annual custom, invited a goodly number of ladies and gentlemen to celebrate with him the natal day of the master. Professor W. T. Helmuth made one of his characteristically elegant addresses, and a poem written in honor of the occasion by T. W. Holt was read. The company was regaled with choicest viands by the hospitable host, and a most delightful evening was spent. On that day, also, the Chester and Delaware County Medical Society met at the residence of Dr. Coates Preston, in Chester, Pa., and, after transacting the usual business, the members and invited guests sat down to an excellent dinner provided by Dr. Preston, from which all arose greatly pleased at having passed the day so pleasantly with their kind entertainer. *We write advisedly, for we were there.* We likewise had the pleasure of meeting a large number of gentlemen, members of the profession and laymen, at the house of Dr. Hering, on the evening of that day. After agreeable conversation had been freely indulged in, a bountiful collation was partaken of, and a "good time generally" was had. Sentiments were offered and speeches made, until the advent of the "wee sma' hour anent the twal" admonished the company that the sanctity of the Sabbath was being violated.

SUMMER COURSES OF LECTURES.—There is no possibility of students of medicine receiving too much instruction, and we are, therefore, in favor of summer courses of lectures. A summer session is now being held in Hahnemann Medical College of Philadelphia, in which lectures are being delivered on subjects collateral of medicine, but not usually embraced in the schedule of the winter session. In St. Louis, Professors Wm. Tod Helmuth, T. G. Comstock, and D. R. Luyties, are giving a course of lectures in the ordinary branches of medicine, to continue until July 1st. Students in that section will do well to avail themselves of this opportunity for special instruction from these well-known and able teachers.

THE FAIR FOR THE CINCINNATI HOMŒOPATHIC DISPENSARY—LIBERAL DONATION.—Dr. J. H. Pulte, of Cincinnati, has given to the Fair for the benefit of the "Cincinnati Homœopathic Dispensary," two building lots situated in Newport, Ky., to be "*chanced*" for, for the benefit of that charity.

Two lots, on Broad street, or any other street, would greatly delight the hearts of our Hospital folks. Where is our big-hearted and long-pursed friend?

DEATH OF PROFESSOR ROBLEY DUNGLISON.—Dr. Robley Dunglison died on Thursday, April 1, 1869, in the seventy-second year of his age. He was born in Keswick, England, in the year 1798. He graduated at the University of Erlangen, the Edinburgh University, and the Royal College of Surgeons, London. He came to the United States in 1824, and was appointed Professor of the Institutes of Medicine at the University of Virginia. In 1833 he was appointed Professor of Materia Medica and Therapeutics in the University of Maryland. In 1836 he was appointed Professor of Medicine and Medical Jurisprudence in the Jefferson Medical College in this city, from which he retired about a year ago. He was the author of very valuable scientific treatises, among which may be named "Human Physiology," "Dictionary of Medical Science," "Elements of Hygiene," "Materia Medica," "New Remedies." At the time of his death, Dr. Dunglison was President of the Musical Fund Society, Vice-President of the Institution for the Blind, and member of various learned societies.

BERRIDGE'S REPERTORY.—We have received the "Head" chapter of this work from the author, and will commence its publication as soon as the "Eyes" chapter is completed. We have received the following letter from Dr. C. Herring, in reply to a question put to him as to his opinion of the work:—

PHILADELPHIA, May 5, 1869.

PROF. R. J. McCLATCHEY.

Dear Sir:—You wish to know my opinion of Berridge's Repertory which you publish in your *Hahnemannian Monthly*. My answer is, as soon as I saw it I procured a separate "Emerson Binder" for it, to have it ready for use. I "interleaved" it at the same time, but have not found much to add. *It is the only complete one we have; it is the clearest and best arranged; and it will enable us to do twice as much as formerly in diseases of the eyes.*

Every one can easily underline with red pencil marks what he considers characteristic, thus enabling him to find, in the shortest time, what he may be looking for. Those who do not like to be fed by what others have chewed for them will be glad to have it.

Yours, &c.,

C. HERING.

NEW JERSEY STATE MEDICAL SOCIETY.—We have received a report of the proceedings of this Society at its recent Annual Meeting held in Newark, from our friend, Dr. Beckwith, of that city. It came too late for publication in this number, however, and will appear in our next.

NUMBERS WANTED.—We are in want of Nos. 1 and 4 of Volume I., *Hahnemannian Monthly*, to complete sets. Twenty-five cents and postage will be paid for each of these numbers sent us by mail.

A WELL-ESTABLISHED PRACTICE FOR SALE.—THE WELL-ESTABLISHED PRACTICE OF A HOMŒOPATHIC PHYSICIAN, TOGETHER WITH HOUSE AND LOT, IN A HANDSOMELY BUILT AND RAPIDLY IMPROVING TOWN NOW CONTAINING 2,500 INHABITANTS, IN A RICH AND THICKLY SETTLED COUNTRY, AND NOT FAR FROM PHILADELPHIA. TERMS EASY. FOR FURTHER PARTICULARS APPLY TO THE EDITOR OF THIS JOURNAL.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY R. J. McCLATCHEY, M. D., Secretary.

At the March meeting of the Society, there being no business to be transacted, a few moments were spent in discussing the usefulness of *Cimicifuga* in restoring the *lochia*. Dr. R. Koch mentioned a case in which that remedy restored the suppressed discharge in about one hour. By a vote of the Society, the doctor was requested to write out the case, in full, and submit it for publication to the editor of the HAHNEMANNIAN MONTHLY. (See p. 418, H. M.)

Dr. S. S. BROOKS then read an interesting paper on Alcohol in the Treatment of Disease, (see p. 387, H. M.) A vote of thanks was given Dr. Brooks for his essay. A discussion then ensued, which was taken part in by a number of the members, as follows:

Dr. WILLIAMSON. The difficulty in discussing a question of this kind is in finding a platform to stand on. We cannot here stand on the platform of experience; for experience may at one time favor a *modus medendi* and at another time condemn it, just as, in science, what may be held to and believed to be truths to-day, may be known as fallacious twenty years hence, and this is particularly true in medicine, as we all know. But there is a platform to stand on in discussing the value of Alcohol in treating disease—and that is, a knowledge of its pathogenetic effects. If we are to use Alcohol, in any of its forms, as a remedy, let us have provings of it. Unfortunately, Trinks died before he submitted his experience to the world. Liquors consist of Alcohol and other matters. Now, if it be a cardinal rule of Homœopathy that but one remedy should be given at a time, we should be careful how we give in connection with our selection, large doses of tartaric acid in vinous drinks or of acetic acid in malt liquors. Alcohol, too, may act as a neutralizer to our remedies, and the ingredients of liquors may have an antidotal effect. The power of Alcohol in antidoting the venom of snakes, is not now denied, and I should not hesitate to use it, if I were bitten by a poisonous serpent. I do not deny the relief afforded by bleeding, in pleurisy, or by a purgative, in constipation, or that an alkali, taken into the stomach, will antidote its acidity, but I do question whether they are the best and most efficacious means that can be resorted to.

Alcohol, when taken in health, has a powerful effect on respiration. It quickens all the power and activity of the system, and yet, according to Carpenter, it neither imparts strength nor supplies waste. It prevents the proper elimination, by the lungs, of carbonic acid gas, and it is in consequence of this, mainly, that we find the secondary effects of Alcohol; the narcotic effects. It has ultimately, if not immediately, a weakening effect on the general system, and in consequence I am not in favor of its use.

Dr. Jno. C. MORGAN stated that he had been accustomed to regard Alcohol of late years as a part of dietetics. It is not adapted to the well any more than is gruel, nor to all cases of sickness any more than gruel. The fact that Alcoholic liquors have pathogenetic effects is not in opposition to this view. The same thing is true of other articles of sick diet; thus gruel, if taken in excess, and particularly in summer, is apt to produce a rash on the skin, and so with certain meats. It is probable that there is no substance in nature but will produce pathogenetic effects if pushed to excess; hence the utility of rotation in diet. In anti-scorbutic diet there is nothing better than raw tomatoes and squashes; in other cases lime or lemon juice. The particular article required will be indicated, in a great measure, by the particular food causing the Scurvy. Dr. M. considered that Alcohol was indicated in typhoid conditions, regardless of whatever medicine may be indicated, excepting Aconite. He did not believe that there ever existed a case calling for Aconite in which Alcohol would be beneficial. He did not think well of the use of liquor in the shock resulting from gun-shot wounds, but believed it to be of great value in the subsequent typhoid conditions that may ensue. He was disgusted, while in the army, at the indiscriminate use of liquors in hemorrhage. He considered liquor as serviceable in sun-stroke and exposure, and could well believe Dr. James' statement as to its value in the early stage of spotted fever. In the first case of this disease which he saw in the army, he recommended Camphor, to the astonishment of the allopathic surgeon. In his classification of drugs, he places Alcohol, Camphor and Gelseminum in the 4th class. In regard to the use of Alcohol in poisoned wounds, the prairie farmers often have their horses bitten on the nose by small prairie rattlesnakes. They immediately wash the bitten parts with Alcohol, and with good effect.

One of his greatest troubles consists in preventing the milk of nursing women from becoming deficient. In these cases he recommends the use of malt liquor. In one case, if the woman takes a walk she finds her breasts turgid when she returns, there being a great deficiency at all other times. When soldiers go out a short distance and having a fight, army surgeons find that in the cases of amputation afterwards there will be two or three arteries to be tied. If, however, they are marched a long distance into a fight, there will then be five or six arteries to be tied. The blood vessels become more than turgid as exercise is increased. This may account for the turgid condition of the mammæ after exercise.

Dr. H. N. MARTIN. I was formerly connected with a gentleman in Buffalo, who treated many cases of phthisis, and who did not permit the use of Alcohol. Many of his patients tried to induce the doctor to order them Alcohol, and related cases of others who had used it with, as they said, good effect. Dr. Gregg always replied, "wait awhile, and you will see how it will end with them." There was in the city a young allopathic physician who was consumptive, and who drank largely of liquor. He was often quoted as an evidence of the efficacy of liquors in phthisical patients.

Dr. Gregg predicted that he would die suddenly, and he did. This, according to my experience, is the result in all such cases. Dr. Gregg says, if you put blood into Alcohol, the corpuscles will shrivel up. Alcohol, in its pure state, is taken when drank, directly into the circulation, and it produces the same effect on the blood it is thus mingled with. I do not believe in its use in typhoid fevers or conditions. If a convalescent asks for wine or liquor, I tell them, if you take it, you may get up a week sooner, but your progress to health will not be nearly so satisfactory and certain as if you rest content and wait for a natural appetite for food. There is one very important reason why Alcohol should not be used in the treatment of disease, and that is, that its use in any very great degree will obscure the real symptoms of the patient, and thus prevent our prescribing for his true condition. I am decidedly opposed to its use for "bringing on milk" in nursing women, and am of the opinion that we have remedies that are ample for this purpose, together with proper food and diluents. I remember hearing a distinguished physician—I think Dr. Williamson—say "we object to children drinking the milk of a cow fed on swill from a distillery, and why should we allow a child to take milk from a mother who uses malt or spirituous liquors."

Dr. H. N. GUERNSEY. Humanity ought to thank us for discussing here to-night the use of Alcohol in the treatment of disease. We ought, as Dr. Williamson says, to have a platform, and that platform is, provings. The law of the similars is a law from heaven, true in every case, and under every circumstance. If Alcohol is to be used as a remedy, let it first be proved in its various forms, and when we have a clear record of its pathogenetic effects we can then prescribe it, in accordance with our great therapeutic law, whenever it is *indicated*. I have treated a very great number of cases of typhoid fever, and have been very successful. When I lived in the twenty-second ward, that district was noted for the prevalence of all forms of fevers. I have invariably treated my cases homœopathically, and have not allowed the use of Alcohol in the beginning, middle, or ending. No matter how weak the patient may be in convalescence, I never allow spirits to be produced. There is always a remedy indicated, perhaps by the peculiarity in the very form of weakness, and that remedy will cover the ground. This giving of lager, wine, &c., is allopathic floundering. It does not belong to the law of the similars, and does not advance the science of medicine, which can only be attained by a rigid adherence to the fundamental principles of Homœopathy.

Dr. RICHARD KOCH desired to state that in his experience the use of liquors in nervous depression is worse than useless. But physicians do report that they have seen good effects from them. His father, Dr. A. W. Koch, had just told him of the case of a boy ill from typhoid fever, who, during his delirium, got at a bottle of brandy, drank it, slept twenty-four hours, and awoke well.

Our whole process of life is a formative process. The formative force develops itself into formed material, in which are new germs which can develop themselves, and when this process arrives at perfection, a retrograde metamorphosis takes place, and this gives us carbonic acid gas, ammonia, and water. If we allow the process of fermentation to take place, we also have these three, and if Alcohol is put into a fermenting substance, the process of fermentation will be arrested: thus likewise the retrograde metamorphosis in the human system is arrested by the action of Alcohol. If, therefore, we have a disease—say typhoid fever—in which the retrograde metamorphosis is in excess of the formative force, it would naturally suggest itself to our minds that Alcohol would arrest the retrogression. But suppose we have this arrested, we will then have the opposite effect,—the increase of formative force and formed material, and consequent molecular hypertrophy. If this proceeds for some time—as in moderate drinkers—we will then have, as a result of increased formative force—fatty degeneration of tissue.

If Alcohol is taken in excess, we have a precipitate of the albuminous material of the system. This may account for the antidotal effects of Alcohol in snake bites, by separating the poison from the albuminous principles with which it is vito-chemically combined, and thereby rendering it inert.

The whole question of the use of Alcohol in disease may be placed on this physiologico-chemical basis, and worked out on this basis without interfering with the homœopathic law. The law of the similars is true, but physiological and chemical facts are also true. According to the basis of study which I propose, Alcohol, whether as a remedy or as an article of diet, would seem to be injurious.

Dr. JACOB JEANES said he had once heard a paper read by the late Dr. Physic, on the value of frequent bleeding in intermittent fever. An old physician present said he would say nothing against the paper, as Dr. Physic was so great a man, but he wished to remark there was such things as "*kill or cure*" remedies, which he would illustrate. A man had intermittent fever which all drugs failed to cure. One day, when riding a very spirited horse, he was thrown and taken up for dead, but on reviving it was subsequently discovered that the intermittent was *cured*. He would scarcely, however, recommend being thrown from a horse as a remedy for intermittents. The use of Alcohol, in any shape, by dyspeptics, is a most abominable practice, and those who recommend it do so without due consideration. A distinguished American physician, while in England, saw the great Dr. Fothergill, who told him that he had discovered *the* remedy for dyspepsia in brandy and water. Some time afterward, and just before the gentleman's departure for home, Dr. Fothergill called on him, and told him to not heed his advice formerly given, as every patient he had ordered the brandy and water for had turned out a sot. Dr. Parrish told him of a case in which liquor was prescribed, and the man had continued its use until he took two quarts, with cayenne

pepper, per day, and died idiotic; and he knew of a lady who ran on to two quarts per day, and also died idiotic. We cannot be too careful in prescribing Alcohol either as medicine or diet.

Dr. WILLIAMSON. While Dr. Koch was speaking of the action of Alcohol on albumen, I had hoped he would continue. I do not hesitate to assert that in the so-called cures of tuberculous phthisis under the use of Alcohol, the patients die of *Albuminuria*.

When Alcohol is used in quantities to have effect, the carbonic-acid gas cannot get out of the system. The countenance of sots present a peculiar slaty appearance. This is due to the non-extrication of that gas from the system. The expression of the faculty against the use of Alcohol, in all cases, is becoming very decided. Allopathic physicians used formerly to talk about the necessity for bleeding in inflammatory diseases, but they do not do so now. *In twenty years from this time the whole profession will know what it ought to know now, that Alcohol is a poison at all times, and nothing but a poison.* My experience is against the use of Alcohol in typhoid and spotted fevers. I do not give it, and believe I am at least as successful as those who do. People escape from earthquakes, and from poisonous doses of arsenic, and they may and do escape the consequences of this poison. I have never failed to say to my classes of students what Dr. Martin alluded to regarding the use of breast milk and cow's milk.

The Society then made nominations of officers to be elected at the ensuing Annual Meeting in April, after which it was declared adjourned.

APRIL MEETING.

THE THIRD ANNUAL MEETING of the Society was held April 8th, 1869, Dr. Gause, Vice-President, in the chair.

The minutes of the preceding meeting were read and approved.

THE REPORT OF THE TREASURER, A. H. ASHTON, M. D., was submitted and accepted. The Standing Committees on Cholera and Cattle Plague reported progress. A report being called for from the COMMITTEE ON HOSPITAL, Dr. John C. Morgan gave a very hopeful account of the present prospect of the establishment of a Hospital in Philadelphia.

A report was received from the Committees on Fee-Bill. The report was accepted and the Committee released.

W. R. Scott, M. D., was proposed for membership and elected under a suspension of the rule.

A motion was then made that a COMMITTEE ON FEE-BILL, to consist of three, be appointed, with instructions to report at the next meeting. After some discussion on the subject it was postponed until next meeting.

In accordance with the Constitution, the Society proceeded, at 9 o'clock, to elect officers for the ensuing year. Drs. W. M. Williamson and Dudley were appointed Tellers.

The Secretary was instructed to cast the vote of the Society in all

cases in which there was a single nominee. The balloting resulted as follows:

President, RICHARD GARDINER, M. D.; *Vice-President*, O. B. GAUSE, M. D.; *Secretary*, ROBERT J. MCCLATCHEY, M. D.; *Treasurer*, A. H. ASHTON, M. D.; *Scribe*, BUSHROD W. JAMES, M. D.; *Censors*, W. WILLIAMSON, M. D., JACOB JEANES, M. D., SILAS S. BROOKS, M. D.; *Committee on Proving*s, W. WILLIAMSON, M. D., HENRY N. MARTIN, M. D.

The VICE-PRESIDENT elect, Dr. O. B. Gause, then addressed the Society as follows:

GENTLEMEN:—In consequence of the forced absence of the President just elected, it becomes my duty, acting in his stead, to make a few remarks at this our Annual Meeting. In retrospecting the year just closed, I find abundant cause for congratulation. The monthly meetings have been uniformly well attended and always profitable and interesting. Scarcely a meeting has transpired without a paper being read upon some important subject, which elicited valuable discussion. Another significant and very favorable indication, that I may not fail to mention, is that in the entire three years, since our organization, there has been the utmost harmony in our meetings, notwithstanding the freest and most out-spoken views upon points wherein difference of opinion has existed. There has been the fullest exemplification of the motto, *in certis unitas, in dubiis libertas, in omnibus charitas*.

This is the true platform of medical progress. It admits no rigid sectarianism, but opens the door to investigation. It brings mind into attrition with mind; accepts no *ipse dixit*, but asks experimentation and founds its *in certis* upon known results, hence *unitas*. It regards medical science as *developable*—not yet fully developed—and until much that is now obscure has been illumined, much that is hypothetical has been demonstrated, much that is theoretical tested, it grants the widest liberty. Assuming that every earnest investigator is seeking the transference of the doubtful into the certain, it covers with the sanctifying mantle of charity, the well-meant endeavor, even though it may seem to some ill directed and erroneous. I have no doubt that each member of this Society is fully imbued with this spirit, and hence I hesitate not to prognosticate the most beneficent results to our system of medicine, in the future, from the continued promulgation of our papers and discussions.

This thought enables me to introduce for your consideration, the question of our duty to the HAHNEMANNIAN MONTHLY.

This Journal,—heretofore the accredited organ of a medical college,—by reason of the changes which have taken place in our medical institutions, is so no longer, BUT IS AND WILL CONTINUE TO BE INDEPENDENT, HENCE, HEREAFTER THE ACCREDITED MOUTH-PIECE OF THE PROFESSION. *That it has been eminently useful heretofore all will admit.* What is to hinder its becoming *pre-eminently* so, now that it ceases to be in any respect sectarian.

Shall we not, then, in our associate capacity, as well as by our individual efforts, endeavor to extend its circulation and widen its influence?

I WOULD SUGGEST THAT WE INSTRUCT OUR DELEGATES TO THE VARIOUS STATE AND COUNTY SOCIETIES, TO CALL THE ATTENTION OF THESE BODIES AND URGE A LIBERAL SUPPORT TO THIS JOURNAL.

Dr. Jno. S. MORGAN then submitted the following resolution, which was unanimously adopted, viz:—

Resolved, THAT THIS SOCIETY RECOGNIZES IN THE HAHNEMANNIAN MONTHLY A MOST VALUABLE MEDICAL PERIODICAL; HEARTILY ENDORSES ITS CONDUCT AND COURSE; AND RECOMMENDS IT TO THE PROFESSION FOR CONSIDERATION AND SUPPORT.

The following Preamble and Resolution were submitted by Dr. Dudley:

“Whereas, All measures hitherto proposed for securing physicians against the fraudulent practices of those who avail themselves of their services, have failed, in consequence of a want of unanimity on the part of physicians, therefore

“Resolved, That in order to attain the desirable end without depending on professional unanimity, a committee be appointed whose duty it shall be to urge upon the State Society the propriety of memorializing the Legislature for the passage of an act providing that the fees of physicians, for professional services, shall not be recoverable in law unless legal process be instituted within twenty-four hours after the rendition of such professional services.”

On motion, the consideration of the above was postponed until next meeting.

The Secretary wished instruction as to the course he should take in cases in which physicians had been proposed and duly elected to membership in the Society, and had not signed the Constitution or paid the required fees.

A motion was then made and unanimously adopted, instructing the Secretary to forthwith strike from the roll the names of all persons who, having been elected at least one year ago, have failed to comply with the rules of the Society.

The following proposed amendment to the By-Laws was submitted by Dr. J. C. Morgan, and laid over under the rules, viz:—

“No person shall retain membership who shall fail to pay the regular dues, for the period of three months after any Annual Meeting.”

A very valuable paper on *Puerperal Convulsions* was then read by Dr. W. Williamson. The thanks of the Society was tendered Dr. W., and he was requested to elaborate the special indications for the use of the remedies, according to his experience. A motion was also made and carried that the subject of Dr. Williamson's paper be discussed at the next meeting.

The Society then adjourned.

QUARTERLY MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER AND DELAWARE COUNTIES.

CHESTER, Pa., April 10th, 1869.

SOCIETY met, per adjournment, at 11.30 A. M., President J. E. Jones, M. D., in the chair.

Present—Drs. Johnson, Smedley, C. Preston, Mercer, Jones, J. B. and H. C. Wood. Present by invitation, Drs. McClatchey, B. W. James, and J. C. Morgan, of Philadelphia.

The minutes of last meeting were read and approved.

Dr. PRESTON offered the following, which were adopted :

“ WHEREAS, Physicians of the Homœopathic school are not infrequently found wedded to a certain range of potencies, to the exclusion of all others, greatly, as we believe, to the detriment of the cause of Homœopathy ; therefore,

“ *Resolved*, That Homœopathic physicians who confine themselves exclusively to either high or low potencies, not infrequently sacrifice the best interests of their patients to their contracted opinions of medicine, or to a species of ignorance which is inexcusable in physicians.

“ *Resolved*, That Homœopathists, above all others, should be progressive; and the man who still adheres to the 3d or 6th potency, or to the 200th, and persistently refuses to do otherwise when he finds the Homœopathically indicated remedy fails to afford relief, acts in the face of light so brilliant, that no justification can be offered for his blindness.”

A discussion ensued on the propriety of discontinuing the use of tobacco and coffee whilst taking medicine. The opinion of the majority of members seemed to be, that it would not be desirable for an habitual smoker, chewer, or coffee drinker to cease his usual custom, unless compelled to do so by coffee or tobacco becoming distasteful to him.

Dr. I. D. JOHNSTON then read the following interesting case of

STRICTURE OF THE ŒSOPHAGUS.

As this is a disease of somewhat rare occurrence, I had thought a brief description of a case which recently came under my observation might not be uninteresting to some of us, inasmuch as it presents some peculiarities not usually found in such cases.

The subject, a thin, spare, delicately formed lady, of 65 years, and mother of three children, had been subject to a cough for the last six years, with frequent attacks of inflammation of the lungs. About the beginning of August last, she complained of more or less difficulty of swallowing, which gradually increased from time to time ; occasionally it seemed to be aggravated, particularly in the morning. The act of swallowing not unfrequently produced pain in the chest and under the right shoulder blade, and excited fits of cough.

On strictly scrutinizing the case, I was satisfied it was stricture of the

œsophagus, and gave an unfavorable prognosis. I administered various remedies to little or no purpose except to palliate. Bell. seemed to give the most relief. Cocc. and Con. also had a good effect, but notwithstanding, the case continued to grow worse, until scarcely the smallest quantity of solid food could be taken into the stomach. In the effort to swallow, the food would pass down until it came to the constricted part, when it would immediately regurgitate; yet, by repeated effort, a little milk or liquid food would be swallowed.

About a week previous to her death, which occurred on the 12th of last month, the right side of the neck, just above the clavicle, became swollen, together with the thyroid gland, which was painful on pressure. About this time a large quantity of fœtid matter, more or less mingled with blood, was expectorated, and she gradually sank away and expired without the least apparent suffering.

As there were some doubts expressed by certain wise-ones in the neighborhood, whether there was any disease at all existing in the throat, I sought and obtained the privilege of making a post mortem examination, and, assisted by Dr. Make, we proceeded to open and explore the cavity of the chest. The lungs were found to be much diseased, particularly the left one, which presented a dark motley appearance on the surface, and contained numerous tubercles within.

On dissecting through the integuments of the neck, the thyroid gland was exposed, and found to be much enlarged, about the size of a hen's egg, and containing a quantity of fœtid pus. Beneath this gland a large ulcer had formed, which had eaten through into the trachea, and from which the fœtid matter expectorated by the patient previous to her death must evidently have come. On dissecting out the œsophagus it was found to be constricted about an inch and a half in length, and the opening so completely closed that it would scarcely admit a small sized probe. The constricted portion was very tough and hard, presenting much the appearance of gristle.

Dr. C. PRESTON offered the following resolution:

Resolved, That Homœopathic Physicians who neglect the use of Nat. mur., Carb. veg., and Lachesis in their practice, do injustice to the cause they represent. Adopted.

Dr. J. B. WOOD detailed a case of cystitis, with extraordinary discharge of pus.

Dr. JOHNSON detailed a similar case. Chimaphila, Ocimum canum, and Pareira prava were recommended to be employed.

Society adjourned to meet with Dr. Alvin Williams, at Phoenixville, on Tuesday, July 6th, 1869.

HENRY C. WOOD, *Secretary.*

MASSACHUSETTS HOMŒOPATHIC MEDICAL
SOCIETY.

THE semi-annual meeting of the Massachusetts Homœopathic Medical Society was held at the Meionaon, April 14th, Dr. H. L. Chase, President of the Society, in the chair.

The meeting was called to order soon after ten o'clock, and after the reading of the records of the last meeting, the President made a brief address on the nature of disease.

Dr. J. H. KIMBALL, of Lynn, was admitted as a member of the Society, after which the Treasurer reported that the debt of the Society at the last annual meeting, \$500, had been extinguished by the payments of assessments of members, that \$129 was yet due from members, and there was \$29 in the treasury. Reports of committees on the library, on publications, on *Materia Medica*, etc., were also submitted.

Dr. F. H. KREBS next read a paper upon the opportunities and privileges of Homœopaths in this country. He closed by moving that a committee of five be appointed to take measures to secure funds for the establishment of a Homœopathic Hospital in Boston.

The motion prevailed, and Doctors Krebs, Talbot, Thayer, Harris and Pease were appointed on that committee.

The Society then adjourned for dinner.

AFTERNOON SESSION,

The Convention re-assembled at two o'clock, and a discussion first took place in reference to the preparation for a meeting of the American Institute of Homœopathy, to be held in Boston during the month of June next. This will be the twenty-second annual meeting of the Institute, and a very large gathering is expected.

The following officers were elected :

President, George W. Swazey, M. D. of Springfield ; First and Second Vice-Presidents, Henry B. Clarke, M. D., of New Bedford ; Joseph P. Paine, M. D., of Roxbury ; Corresponding Secretary, S. M. Gale, M. D., of Newburyport ; Recording Secretary, E. U. Jones, M. D., of Taunton ; Treasurer, S. M. Scales, M. D., of Woburn ; Librarian, Sullivan Whitney, M. D., of Newton ; Censors, J. T. Harris, M. D., of Boston ; L. McFarland, M. D., of Boston ; L. D. Packard, M. D., of South Boston ; George Barrows, M. D., of Taunton ; W. P. Chamberlain, of Worcester.

The annual address was next delivered by E. U. Jones, M. D., of Taunton, his subject being the evolvement of the law of "*similia similibus curantur*." He spoke of the effect and working of the old law and of the nearness of approach to the correct theory by one or two of the doctors in olden times. The state of therapeutics in the seventeenth century, and immediately preceding the discovery of the true law, or of the development of that law, by Hahnemann, was briefly reviewed.

Adjourned.—*Boston paper.*

HOMŒOPATHIC MEDICAL SOCIETY OF KANSAS.

LEAVENWORTH, April 14, 1869.

Pursuant to call, the following Homœopathic physicians met in convention on Wednesday, April 14th, 1869, at the office of Drs. Mayer and Edie, in the city of Leavenworth, for the purpose of taking into consideration the propriety of forming a State Medical Society, viz ;

Drs. Richard Huson, Samuel K. Huson, W. B. Bolton, B. L. Davis, C. E. McCallister, J. A. Rubicon, G. H. P. Johnson, Lewis Grasmuck, William G. Hall, Joseph Field, R. M. Huntington, Stockham, Martin Mayer, and John J. Edie.

Dr. M. MAYER called the Convention to order, and nominated Richard Huson, M. D., of Lawrence, for President, which motion prevailed.

Dr. HUSON, on taking the chair, made a few appropriate and felicitous remarks concerning the importance and propriety of forming a State organization ; the benefit such an association would be to Homœopathy in the State, and to its individual members.

On motion, John J. Edie, M. D., of Leavenworth, was elected Secretary of the Convention.

Dr. M. MAYER offered the following resolution, which he supported in an able and exhaustive speech :

Resolved, That in the opinion of this Convention, the time has come when the cause of Homœopathy demands that we should organize ourselves into a State Society, and that we now proceed to form such an association.

This resolution was discussed by Drs. Mayer, Huson, Grasmuck, Stockham, Rubicon, and Edie. Letters were also read from physicians in various parts of the State, fully and enthusiastically endorsing the movement.

On motion of Dr. Edie, the Convention voted upon the resolution by yeas and nays ; whole number of physicians present, fourteen. The vote resulted : ayes, thirteen ; nays, none—one declining to vote.

On motion, Drs. Mayer, Grasmuck, and Rubicon were appointed a committee to draft a Constitution and By-Laws, which were presented by the committee, and adopted by sections.

Thereupon, the following gentlemen were elected to their respective offices by the Homœopathic Medical Society of the State of Kansas :

President, Richard Huson, M. D., of Lawrence. Vice-President, James A. Rubicon, M. D., of Atchison. Secretary and Treasurer, Martin Mayer, M. D., of Leavenworth. Board of Censors—Lewis Grasmuck, M. D., of Weston ; B. L. Davis, M. D., of Fort Scott ; W. B. Bolton, M. D., of Topeka ; R. M. Huntington, M. D., of Wyandotte ; John J. Edie, M. D., of Leavenworth. Orator, C. E. McCallister, M. D., of Manhattan. Delegates to American Institute of Homœopathy—Mar-

tin Mayer, M. D., of Leavenworth; Samuel K. Huson, M. D., of Lawrence.

On motion, the Society then adjourned until Thursday morning at 8 o'clock.

RICHARD HUSON, M. D., *President*.

J. J. EDIC, M. D., *Secretary*.

SECOND DAY'S PROCEEDINGS.

Pursuant to adjournment, the Society re-assembled at 8 o'clock A. M., the President in the chair.

The journal of the last meeting was read and approved.

On motion, the Secretary was instructed to notify the members of their election.

On motion, Drs. Mayer and Rubicon were appointed a committee to procure a suitable seal, with device and inscription, and certificates of membership for the use of the Society.

On motion, Drs. Mayer, Bolton and S. M. Huson were appointed a committee to procure a charter at the next session of the Legislature.

On motion, the Society then adjourned to meet in Lawrence on the first Wednesday in May, 1870.

RICHARD HUSON, M. D., *President*.

MARTIN MAYER, M. D., *Secretary*.

THIRD ANNUAL MEETING OF THE CORPORATORS OF THE HOMŒOPATHIC HOSPITAL, PITTSBURGH.

THE corporators of this institution held their third annual meeting on Tuesday, April 13th, 1869, at the Hospital, on Second avenue, above Smithfield Street. Major William Frew was called to the chair, and Mr. G. W. Backofen chosen to act as Secretary.

The organization having been completed, and the minutes of last meeting read, the report of the Executive Committee was submitted by the Chairman, Dr. Burgher. As this contains a brief account of the workings and finances of the institution for the year, we learn from it the following facts:—

The friends and contributors are congratulated upon the close of another year of increased usefulness and prosperity. The receipts of the Hospital from all sources during the year were \$15,567 15, and the disbursements \$15,037 45. Five thousand dollars of this was paid on the real estate, and the balance in liquidation of outstanding debts, and the current expenses of the year. A considerable sum of money is yet required to meet the urgent necessities of the institution, and as it depends entirely upon voluntary contributions for support, earnest appeals are made to the charitable for assistance.

Too much credit cannot be given to the members of the Ladies' Homœopathic Charitable Association, for their unwearied efforts in behalf of the sick and suffering, and for their continued interest in the welfare of the institution.

Dr. McClelland, Secretary of the Board, submitted a report, from which we make the following extracts:—

The Board is composed of the following: H. Hofmann, M. D.; J. L. Rankin, M. D.; L. M. Rousseau, M. D.; J. C. Burgher, M. D.; D. Cowley, M. D.; L. H. Willard, M. D.; B. F. Dake, M. D.; J. H. McClelland, M. D.

During the year there were one hundred and sixty-eight patients treated in the Hospital, over two-thirds of whom were charity patients. During the same period there was three thousand four hundred and fifty prescriptions issued from the Dispensary to the poor of the city free of charge. Paying patients and all cases of recent accident are admitted on application at the Hospital, but no contagious or infectious diseases are admitted. The location is that of all city hospitals in our great cities, in the very centre of population; easy of access to those who need its services, and those who can render assistance. Our mill and factory owners and managers have not, heretofore, been slow to take advantage of the facilities offered, and it is hoped they will make still greater use of them in the future. The medical officers give their time and attention free of charge.

After the reports were read, an election was held for eight trustees, to serve for three years. The following gentlemen were chosen: Hon. Wilson McCandless, William Metcalf, J. H. McClelland, Jr., H. W. Oliver, Jr., George W. Backofen, George Porter, J. M. Knap, J. C. Burgher.

The Board organized by the election of Major Wm. Frew, President; William Metcalf and A. McFarland, Vice-Presidents; George Bingham, Treasurer; J. M. Knap, Librarian; J. C. Burgher, Secretary.

The following gentlemen compose the Executive Committee: William Frew, William Metcalf, A. McFarland, J. C. Burgher, James Boyd, George Porter, G. W. Backofen, J. H. McClelland, Jr.

A vote of thanks was passed to Judge McCandless, who was obliged to decline re-election on account of the pressure of public duties, for the impartial manner with which he discharged the duties of presiding officer, and for the interest he has always manifested and continues to manifest in the welfare and prosperity of the institution. The thanks of the Trustees are also due to the Medical Board for their valuable services; to the Ladies' Homœopathic Charitable Association for its efficient aid and cordial support, and to the city press for their favorable notices of the institution from time to time.

J. E. BARNABY, M. D.—OBITUARY RESOLUTIONS.

AT the regular meeting of the Medical Board of the Homœopathic Hospital of Pittsburgh, Pa., for January, 1869, Dr. J. C. Burgher took occasion to announce the death of a member of the Board, Dr. J. E. BARNABY, at Key West, Florida, whither he had gone in pursuit of health; and, as a mark of respect to one who had been a faithful, ardent and efficient friend of the institution, desired to offer the following resolutions, which were unanimously adopted:

“WHEREAS, since the last meeting of the Medical Board of the Homœopathic Hospital of Pittsburgh, our esteemed colleague and co-worker, J. E. Barnaby, M. D., has departed this life; therefore,

“*Resolved*, That while we would not repine at the inscrutable Providence which has removed him from a sphere of usefulness, we cherish his memory and admire his devotion to the profession of his choice, by which he secured the confidence and won the esteem of a large circle of friends and patrons, who mourn with us his loss.

“*Resolved*, That the family and friends of the deceased have our sympathies in their bereavement, and the assurance that we shall ever hold in kind remembrance his moral worth and professional devotion.

“*Resolved*, That these resolutions be signed by the officers of the Board, and a copy sent to the widow of the deceased and to the journals of our school.”

H. HOFMANN, *President*.

J. H. McCLELLAND, Jr., *Secretary*.

The Committee appointed by the Homœopathic Medical Society of Allegheny County to prepare an obituary notice of Dr. J. E. Barnaby, M. D., deceased, offered the following report, which was unanimously adopted:

“The subject of this brief notice, Dr. J. E. Barnaby, was born at Salop, England, in the year 1821, and came to this country in 1842. He successfully engaged in various pursuits until about eight or ten years ago, at which time he became much reduced in health.

“Allopathic treatment failing to have the desired effect, he became indebted to Homœopathy for restored health.

“The success of the treatment in his own case, together with some further experience, so impressed his mind that he resolved to study and practice the system of Hahnemann.

“He pursued his studies with remarkable zeal, industry and enthusiasm, and graduated at the Homœopathic Medical College of Pennsylvania in the year 1866. Settling in Allegheny City, as successor to the lamented Dr. Harvey, he was soon established in an extensive practice. So unremitting was his attendance upon the sick, that his health began to fail, and obliged him to leave the city until partially restored. Returning to

the field of his labors, he again devoted himself to his patients with anxious solicitude, and again his health failed. His lungs becoming alarmingly affected, a trip to the South was recommended, hoping thus to stay the hand of disease; but it was too late. He started, with his wife, for St. Augustine, Florida, but had only arrived at Key West when he sank rapidly, and died.

"As an expression of the feelings of the Society in this connection, your Committee recommend the following for adoption:

"That in the death of Dr. J. E. Barnaby, the Homœopathic Medical Society of Allegheny County has lost a valuable member, Homœopathy an able and enthusiastic advocate, and the community a Christian gentleman, a kind and faithful physician.

"That the family and friends of the deceased have our warmest sympathies in their sad bereavement.

"That copies of the above be sent to the widow of our late colleague, and to the journals for publication."

The above report is respectfully submitted.

J. H. McCLELLAND, JR.,

L. H. WILLARD,

G. M. BARNES,

Committee.

CORRIGENDUM.

Philadelphia, April 21st, 1869.

DEAR DOCTOR:—In the last number of the "*Hahnemannian Monthly*" I am reported to have said in the published proceedings of the Philadelphia County Society, "that diphtheria was more apt to attack filthy locations, while scarlet fever was generally found in high, clean places." What I did say was this: The commonly received opinion that diphtheria prevailed mostly in filthy locations, I believed to be erroneous, for many instances could be cited to show that such localities were exempt from the attacks, while the very worst epidemics had prevailed in high and dry locations. In some cases where the snow was several feet deep, and on the high hills, the epidemic had been most severe, while the valleys were comparatively exempt. I instanced an epidemic which prevailed in Vermont some years since, to prove the point.

If you will make this correction, you will very much oblige

Yours, ever,

HENRY NOAH MARTIN.

DR. J. C. MORGAN also desires us to note the following corrections in the same report: p. 382, sixth line from top, for "*Croton 1m*" read, "*Cinnabar 1m*. No stamping machine was used, nor was there aggravation from using the arms. P. 384, twelfth line from top, for "*Vermont Misisquoi water*," read, "*Chloride of zinc paste*. P. 385, tenth line from bottom, for "*no vaccine*," read, "*no trace*."

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PUERPERAL CONVULSIONS.

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THE object of the paper on puerperal convulsions, which I am about to read this evening, is not so much for the purpose of spreading before the Society the history and phenomena of this frightful and dangerous complication of the parturient process, as it is to sketch an outline of the disease sufficiently clear to form a basis of discussion, and to draw out the views and experience of the members present on the subject of its treatment.

Pregnant females of all parts of the world, and of every variety of temperament and position, are liable to convulsions. Cases are, probably, more common in civilized than savage life; fortunately, they are not of very frequent occurrence. Out of 96,908 recorded cases of labor, according to Churchill, there were but 105 cases of convulsions, or 1 in about 609. Under old school treatment, about one in four women, and one-half the children, die. A very large majority, perhaps seven-eighths of all the cases of puerperal convulsions, take place in first pregnancies and labors. They may occur at any time after the sixth month

of pregnancy, during labor, or within a few days after delivery. I have never seen a case which occurred earlier than the sixth month of pregnancy, nor later than the twelfth day after delivery. A large majority of the cases that I have seen, either in my own patients or those to whom I have been called in consultation, occurred during labor, or within five days after delivery. The cases that occur before the full period of utero-gestation are generally of the hysterical variety, often affecting only a part of the voluntary muscles,—those of the face, arms, or one side of the body. In instances where the patient had been subject to convulsions in childhood, the epileptic peculiarities predominate. Premonitory symptoms usually show themselves some time previous to an attack during pregnancy: such as lassitude and feeling of general depression; a disordered state of the stomach; fugitive pains, with a sense of weight in the head, accompanied with drowsiness or sleeplessness; ringing in the ears; and the appearance of sparks, or other bright objects, before the eyes. Unless these symptoms are removed by treatment, others of more serious import are apt to follow: such as twitching of the muscles about the eyes and mouth; imperfect vision; an anxious expression of countenance; partial loss of hearing, or the hearing of imaginary sounds; shocks through the system; a hard, quick pulse, &c. In this state of things, convulsions may set in at any time. The patient suddenly becomes unconscious; the muscles of the face become convulsed; the eyes turn up, or, with dilated pupils, stare vacantly around; the jaws become rigid, and if the tongue be protruded between the teeth, it is bitten; the head is thrown back; convulsive, choking efforts in the throat are heard and seen; the spasmodic action extends, and all the voluntary muscles of the body become convulsed; the face is bloated, and the breathing, at first hurried, becomes slow and stertorous. After continuing for five minutes, or, it may be, for half an hour, the rigidity of the limbs is relaxed; the muscular agitation diminishes; the frame becomes calm, except an occasional

twitch and tremor in some portion; the inhalations are deeper; the frothy saliva, perhaps tinged with blood from the lacerated tongue, is expelled from the throat and mouth, and the stormy paroxysm subsides. The patient remains in a state of unconsciousness and stupor for several hours, and, if no more paroxysms occur, gradually recovers her senses, without any knowledge of what has happened; but if she have more than one convulsion, consciousness rarely returns until all are past. The fits may succeed each other at intervals of uncertain length, varying from half an hour to four or five hours, for two or three days, then cease, and the patient go on to the full term of utero-gestation, and be delivered of a living child, but is in danger of a return of convulsions during labor.

In fatal cases of convulsions during pregnancy, the fœtus is generally born (sometimes without labor being perceptible,) before the death of the mother occurs. Although it is desirable that delivery should take place, and if labor sets in the practitioner should assist the natural efforts by all legitimate means, yet he should avoid using rash measures to effect delivery from the expectation that the convulsions will then cease, for that anticipation is not always realized.

I had a case of puerperal convulsions, some years since, in which the spasms commenced two days before delivery, and continued, at intervals of a few hours, for three days after the child was born, and consciousness did not return for two days after the convulsions ceased, covering a space of seven days from the invasion of the disease to the return of consciousness. In this case, mother and child both did well. The mother expressed surprise, when her senses returned, at finding a baby in bed with her, on account of not knowing when it was born; and, of course, she did not know of her extreme illness. It frequently happens that the patient has no knowledge of the birth of the child until two or three days after the event, and she never remembers anything about having had convulsions, nor would she ever know it, unless she was told. I recently had a case in which

the patient did not know she had had convulsions until some months afterwards, when some busybody told her.

The hysterical variety of convulsions is most common in persons of an excitable, nervous temperament; and the epileptic form is most apt to occur in persons who have suffered from spasms in childhood. There is a striking resemblance between the symptoms of epilepsy and those of puerperal convulsions. The *aura epileptica* which frequently precedes the fits of epilepsy, is not observed before the attacks of puerperal convulsions. Consciousness oftener returns between the spasms of epilepsy than in puerperal convulsions. There is, probably, very little pathological difference between the diseases just mentioned; the erethism of the whole nervous system being more general and lasting in the one, and locally connected with the gravidity of the uterus, and passing off with its disburdenment in the other. The greater danger of puerperal convulsion arises chiefly from the general plethoric state which usually accompanies pregnancy and the tendency of the bearing-down efforts, together with the holding of the breath during labor, to cause congestions and effusion, which may ultimate in death from disease of the brain, lungs, or right side of the heart, &c.

Puerperal convulsions occur more frequently during labor than either in the last three months of pregnancy or after delivery. Constitutional peculiarities, no doubt, predispose some women to the disease more than others, as well as temperament, habit, &c. Beside these predisposing causes, the pregnant and parturient female is liable to disorders which are incident to her condition, and some of these incidental disorders very much increase the tendency to convulsions. The augmentation in the sympathies and activity of the parts of the nervous system concerned in pregnancy, and the increased size of the blood-vessels and lymphatics connected with the uterus, the stimulus to which is imparted by impregnation and continued throughout the process of utero-gestation, exerts a powerful influence on the whole

system by means of the communicating branches of the organic and cerebro-spinal nervous systems, and gives predominance to the uterine functions during the continuance of pregnancy. The capacity of the womb is increased 519 times, and its weight 12 times, by pregnancy. When we consider the important influence of the uterine system in the female economy, in the unimpregnated state, and then calculate the increase of force acquired by the augmented susceptibility, activity, and size of all the parts concerned in the process of procreation and gestation, it is not a matter of surprise that so remarkable a change should be attended with numerous sympathetic phenomena, and should lead to disturbances in the general system in case of abnormal developments of action during utero-gestation and parturition.

The most common precursory symptom of convulsions, during pregnancy, is the effusion of serum in the cellular tissue of the extremities and face. The swelling of the feet and lower limbs often begins as early as the fifth month, and is generally accompanied with imperfectly elaborated urine. The reason why oedema predisposes a pregnant woman to convulsions is, probably, owing to the circumstance that some of the ingredients of the blood remain in the system and act on the brain, as in the instance of albuminuria, which should be eliminated by the kidneys and passed out of the system in the urine.

Labor, before the approach of convulsions, may come on and progress naturally for a few hours, or the pains may be fleeting and effect but little change in the os uteri: or there may be preternatural rigidity which, for a time, defies the power of the pains to overcome it. And, I would here remark, I have often observed that patients who have suffered much from dysmenorrhœa before marriage are more subject to rigidity of the os uteri in first labors than others. This rigidity, and whatever else tends to protract labor beyond the bounds of safe endurance, may become the exciting cause of convulsions. When the limit of bearable suffering

is exceeded either as to time or degree, unless favorable management interpose, the impending penalty of exhaustion, convulsions, or death, will be incurred. After convulsions set in, if the os uteri had been rigid and unyielding before, its fibres often relax, and dilatation, from this time, progresses more rapidly than hitherto.

The convulsions that come on during labor are generally, although not always, preceded by premonitory symptoms. Puffiness of the features of the countenance, which may come on gradually or appear suddenly during labor, I believe is always present; the patient complains of a bursting feeling in the head; says she feels as if she were going crazy; thinks she hears strange sounds, or the voice of strangers in the next room; flashes of fire appear before her eyes, or she complains of the room being dark, and asks who put out the light. The pains flag as if from weariness, the bearing down efforts diminish, and the labor for a short time seems as if it were going to be suspended. The forces that were directed to the process of delivery are perverted, and like the calm that precedes a storm, this state of things ends in a convulsion. A peculiar jerking moan is heard; the muscles around the mouth and eyes twitch; the head is thrown back, the limbs straighten, stiffen, and are affected by a slight tremulous movement; the muscles on the side of the neck work; the lips become turgid and pout; the eyelids open, and the eyes stare vacantly into space; the jugular and other veins fill up; the color of the countenance becomes livid; and all the voluntary muscles are strongly agitated by the motions of a convulsion. Vomiting sometimes, and occasionally, though seldom, involuntary discharge of feces occurs during the convulsion. In the interval between the convulsions, the patient frequently passes one hand to her head. This is the usual form of convulsions which take place during labor; they are essentially epileptic, and are characterized by more strongly marked symptoms of congestion than those which occur during pregnancy. They last about the same length of

time, and are apt to occur at about the same intervals. The labor pains are somewhat irregular and less forcing, but as the resistance of the os uteri and the other soft parts are generally diminished, the labor still progresses, though it may be but slowly.

The other time, as already mentioned, at which convulsions may occur, is after delivery; most frequently from the first to the fifth day, but it may be as late as the twelfth. The aspect of the patient is about the same as in the other varieties, but experience teaches that they are far more dangerous to life. The convulsions which come on after delivery usually arise from nervous irritation, but they sometimes occur from loss of blood, and are then almost always fatal. They present no appearances essentially different from the kinds already named, except the paleness of face that usually attends them.

In the course of thirty-six years, in a list of about five thousand cases of obstetrics, in my own practice, I have seen some eight or ten cases of puerperal convulsions, beside six or eight cases to which I have been called in consultation with other physicians. They furnish about the same proportion of cases of those occurring during pregnancy, during labor, and after delivery, as are reported by different writers on the disease. I have never seen but one case of death from convulsions during pregnancy, but two from the disease during labor, and one occurring after delivery, and that was from excessive loss of blood. I have delivered four of five women in puerperal convulsions successfully with forceps; an operation not very easy, and not always safe to perform. In one case threatening paralysis, in which the forceps could not be applied, I reluctantly resorted to craniotomy. The mother got well. I never attempted to turn in puerperal convulsions, and would not recommend it, unless as a very last resort.

Dr. Robert Lee, late physician to the British lying-in-hospital, London, has furnished the profession with a table

of fifty-four cases, which I here present under a number of separate headings.

Of the 54 cases, 45 were in first pregnancies, 3 in the second, 1 in the third, 2 in the fourth, 1 in the fifth, and 1 in the tenth. 43 cases occurred at the full term of uterogestation, 5 at seven months, 2 at seven and a half, and 4 at eight months. In 37 cases, the convulsions came on during labor at full time, and of these 23 got well, and 14 died. In 11 cases, the disease came on during pregnancy before full time, and of these 8 got well, and 3 died. In 6 cases, the convulsions came on after delivery, and of these 3 got well and 3 died. Of the whole number (54 cases), 37 mothers lived, and 17 died. Of the whole number of children, 26 lived and 28 died. Of the whole number (54 cases), 28 were delivered by the natural efforts, 13 by craniotomy, 10 by forceps, and 3 by turning. I have selected this table in preference to many others that are published, because it furnishes the greatest number of particulars. The results differ a little from some others, particularly in the greater number of cases in which craniotomy was practised. It must be remembered that a large number of the above cases occurred in hospital practice, and in England the short forceps are generally used; and as they cannot be applied when the head is high up, craniotomy is resorted to more frequently than would be necessary if the long forceps were used in such cases. A common rule in England is not to apply the forceps until one ear of the child can be felt.

Among the exciting causes of puerperal convulsions, may be mentioned mental emotions, either of joy or grief, and excitement from the appearance of ludicrous things. The death of a foetus in utero is said to have caused convulsions in some cases, but it is probably oftener a consequence than a cause. Instances have occurred in which the foetus died at the fifth month, and was carried in utero to the full period of nine months, without inducing convulsions. Pressure of the foetal head against the os uteri and the irritation caused by distension of the vagina, are also said to have

produced the disease, but convulsions have occurred in cases where other portions than the head have presented, and at a period of pregnancy too early for the vagina to have been much affected by distension. An excessive quantity of liquor amnii is also mentioned among the causes; but the exceptions are so numerous to all these theories, that none of them can fairly be considered as alone capable of producing convulsions. The presence of the hand in the cavity of the uterus during the operation of turning, and for the removal of an adherent placenta; also the application of forceps, and the passage of the child's head through the external parts, have provoked the disease. Irritation of the stomach and bowels may cause convulsions. I know of two cases which were caused by eating raspberries and cream, of a warm summer's evening, at the period of seven months; one of the cases passed into allopathic hands, was treated with chloroform, and both mother and child died; the other got homœopathic treatment, and both mother and child lived.

Some women have convulsions in several successive confinements, but as a general thing, if a woman has puerperal convulsions once, she does not have them in subsequent confinements.

Reflections.

Animals that are bled to death, usually die in convulsions. Asphyxia we are told by Dr. Wm. Tyler Smith "invariably produces convulsions." Loss of blood after delivery is a cause; and the partial interruption of respiration and circulation by the long holding of the breath and the strong bearing down efforts during labor pains, sometimes excite convulsions by preventing the proper de-carbonization of the blood. I have seen convulsions arise from blood-letting from the arm.

Now, the inference is plain, that venesection and the administration of chloroform (which produces a state approaching asphyxia) during labor, may produce convulsions, and

will increase them if practiced in their treatment. The fact is, the law of similars holds too near a relation to such cases, to allow of such audacious practice, without inflicting the penalty of aggravation or death. At an early stage of my allopathic career, I learned among other things, that bleeding young children for inflammation of the brain would bring on convulsions, and abandoned the practice of bleeding in such cases long before I became a homœopath.

Treatment.

In the physical management of a case of puerperal convulsions, such means are to be used in the way of position, vaginal examinations manual assistance, and instrumental appliances, as may be best calculated to aid in the delivery of the patient, with proper reference to the life and safety of both mother and child. If one can be saved with more certainty than both, the greater effort should be made in behalf of the mother. Most teachers of midwifery teach their students not to let a patient die undelivered; a good general direction to give, but in some cases of puerperal convulsions, this direction must be very cautiously followed, lest by premature or violent efforts to deliver, the disease be aggravated and death precipitated by the very means designed to avert it. An early delivery is an important event in the chances of recovery, but a practitioner is not justifiable in hastily or rudely interfering at any time, or proceeding to deliver before the labor is advanced sufficiently to admit of the use of the means at his command, with a reasonable prospect of success. Much may be done with the finger by proper manipulation, to assist the dilatation of the os uteri, but the assistance must be cautiously rendered, and for a time desisted from if the touching provokes undue contraction of the os or aggravates the convulsions. If the labor progresses towards delivery, and there is a reasonable prospect of the child being born without instrumental assistance, it is far better to rely on the internal

administration of homœopathic medicines, and await the result, than unnecessarily to resort to adventitious means. Calmness is absolutely necessary to insure clearness of judgment on the part of the practitioner, and, it may be, to secure the best interests of the patient. He should especially avoid attempting to apply the forceps prematurely, before the os uteri is sufficiently dilated, the soft parts in a yielding condition, the presentation ascertained, and the head within reach. And when it is possible, he should call in a consulting physician, before proceeding to the operation of craniotomy.

When about to apply the forceps, he should secure the help of two competent assistants, and cautiously introduce the blades of the instrument, in the absence of a convulsion, and desist for a time if one comes on or withdraw the blade if there be danger of injury from the violence of the contortions, and commence again at a favorable opportunity. After the instrument is applied, delivery is effected as it is in other cases of forceps delivery, action being avoided during the time of a convulsion. In strong muscular women, and in cases where the contortions are very great, the utmost care should be exercised to prevent injury from the forceps during a convulsion.

Medical treatment.—Pregnancy is a physiological condition, and in a state of perfect health, the attending incidental discomforts would but seldom require the attention of a physician. But owing to an inherent predisposition in the constitution of many ladies, they are obliged to seek relief from present suffering, as well as to prevent the development of diseases, which, but for the stimulus of gestation, might lie dormant in the system to the end of life. I do not intend in this connection to recount all the disorders that may arise in the state of pregnancy, but will only notice a few of the ailments connected with the nervous system and other affections which are liable to end in puerperal convulsions.

Many of the disorders which arise in the early months of pregnancy, grow out of mere sympathetic irritation and pass off without seriously affecting the sanitary condition of the patient; but a little further on, say from the fourth to the sixth month, affections of greater importance sometimes arise, which demand the careful attention of a physician. Affections of the digestive organs are most common in the early months, and derangements in the circulation and secretions in the fourth, fifth and sixth months, while disturbances of the nervous system are most apt to occur in the later months of pregnancy.

In the medical treatment of the disorders of the digestive organs in the early months of pregnancy, the homœopathic physician should always bear in mind, that upon his selection of the appropriate remedy may depend not only the present relief of the patient, but the permanent removal of the dyscrasia upon which the morbid action depends, and the prevention of all future developments into other forms of disease. The medicine whose symptoms most nearly corresponds to the symptoms of the patient, of course is the remedy to be given, but let it be remembered that some medicines affect the organism more profoundly than others, and when a deep seated affection is to be removed, one of those deeply acting medicines should be given: always, however, the selection should be made in accordance with the symptoms of the patient.

The symptoms of the disorders of digestion in pregnancy are very numerous, and often greatly modified by the constitutional peculiarities of the patient; so that the physician must endeavor to select his remedies in reference to those peculiarities, as well as to the symptoms. The affections of the digestive organs do not stand alone, but are associated with pregnancy, which really sets them in motion. It would be tedious here to attempt to name all the symptoms that may arise, and vain to pretend to point out the various remedies that may be required for their treatment; but the practitioner is confidently referred to the great store-house

of our *Materia Medica* for ample means to meet every emergency in the cases referred to. It may not be amiss, however, to name a few of the medicines which are most frequently indicated, viz: *Ant. c.*, *Calc. c.*, *Cocc.*, *Con. m.*, *Gossyp.*, *Ign.*, *Ipec.*, *Lyc.*, *Natr. m.*, *Nux. mos.*, *Nux. v.*, *Puls.*, *Sec. c.*, *Sep.*, *Sulph.* and *Verat.*

Among the disorders of pregnancy in a later stage (from the fourth to the sixth month) which may lead to convulsions, we often meet with derangements of the circulation and the secretions. If the disturbances in the earlier months have been successfully treated, our task at this time may generally be easily accomplished; but unfortunately such is not always the case, for sometimes medical treatment has to be continued to the end of utero-gestation.

The œdematous state of the lower extremities caused by pressure on the vessels of circulation, is of no serious import, as it usually passes off without any trouble, two or three days after parturition. But there is another form of dropsical effusion often associated with pregnancy, and most common in first pregnancies, which extends to other portions of the system beside the lower extremities. This variety is in some way connected with albuminuria. The deposit of whitish sediment (the phosphates) in the urine is a common occurrence in the early months of pregnancy, and may be confounded with the albuminous deposit in the beginning, but the test of heat or nitric acid will readily distinguish one from the other. At first but little albumen is observable, but by the fourth or fifth month it is very much increased, and at the same time the urea diminishes in the urine, and is retained in the blood, where it may be found on examination. This state of thing often induces uræmia. The urine becomes scanty, loses the smell of ammonia, and is coagulable by heat and nitric acid. The true condition of the patient should be ascertained as soon as practicable, so that the proper remedies may be given while they may be successful in averting the terrible consequences that may follow.

Some pathologists think albuminuria in pregnancy is caused by pressure of the gravid uterus on the kidneys, but as the disease is often observed, in its beginnings at least, before the uterus has risen high enough in the abdomen to affect those bodies mechanically, this theory does not account for the phenomenon. Sympathetic irritation is the more probable cause, for we see that kind of influence produce disordered action in other glandular structures of the body, the stomach, &c.

The effect of the derangements in the secretions and the circulation, extends to the brain and nervous system. The patient complains of headache; giddiness or dizziness; drowsiness or sleeplessness; flushing or unnatural paleness of the countenance; tinnitus aurium, and other disorders of the sense of hearing; unnatural dilatation of the pupils: amaurosis, the half of objects only are seen; and various other disturbances of vision. If the current of these affections is not checked by treatment, and the quantity of albumen in the urine increases, the swelling of the lower limbs will extend upwards, the vulva and lower parts of the body, the cellular tissue of the entire trunk and upper extremities will be reached. In some instances, the patient exhibits a sallow, waxy appearance, with a peculiar kind of puffiness of the face and hands. The breathing becomes difficult, and nervous affections of the heart, which strongly resemble organic diseases of that organ, show themselves. If organic disease of the heart be really present, the complication seriously affects the condition of the patient, and may lead to premature delivery or death. Almost constant tickling cough is a frequent attendant on this state of the system.

Enough has been said to indicate the conditions of pregnancy which predispose the patient to attacks of convulsions in the latter months, and at the time of parturition. When the attention of a physician is called to a patient in this condition, he should not console himself with the vain hope that the symptoms are only temporary, and will cer-

tainly pass off soon after confinement, without giving further trouble, but apply himself to the treatment, and avoid giving unnecessary alarm to the mind of his patient. No physician who has had much experience in the treatment of such cases, will be likely to think he has only to administer some well known specific to scatter the symptoms like chaff before the wind. He will find it necessary to individualize every case, by a careful study of the constitutional peculiarities and symptoms of his patient, and then after an equally careful comparison of symptoms in the *Materia Medica*, select the nearest corresponding remedy, in order to ensure success. Notwithstanding the closest attention, the treatment at first is sometimes very discouraging, and has to be continued for several weeks, but finally the symptoms yield and the patient will be relieved of all threatening complications. In my hands, *Silicia* 30 has been oftener successfully given than any other remedy that I have prescribed, but other remedies are frequently required, such as *Ars.*, *Cann. ind.*, *Chel. m.*, *Cinch. Dig.*, *Hell.*, *Lyc.*, *Squil.*, *Stram.*, *Sulph.*, *Thuy.*, *Zinc*, &c.

Treatment of convulsions during pregnancy—Remedies.—*Cham.*, *Cic. v.*, *Ign.* and *Mosch.* will generally be sufficient, but *Cupr. ac.*, *Ilyos.*, and some others may occasionally be called for. The following special indications are worthy of mention.

Cham.—Starting and jerking in sleep; feverish state, with drowsiness; twitching of the eyes and lids; redness of one cheek, and paleness of the other; heat and fullness about the head and face, with unnatural coolness of the hands and feet; impatience; restlessness and nervous excitability; spasms excited by fits of passion; the convulsive jerkings begin in the legs and arms.

Cic. vir. Commencing with mental derangement; things appear to move from side to side; paleness, with coldness of the face; pupils at first contracted and afterwards dilated; objects appear double; compression from the sides of the head; violent jerkings in the limbs; great contortions of

the limbs and upper parts of the body; rigidity of the jaws; biting of the tongue; frothing at the mouth; involuntary vomiting; opisthotonos, with great rigidity of the muscles of the neck; and occasional interruptions in the breathing. The convulsions are followed by very great prostration.

Ign. A feeling of weakness and exhaustion; jerks through the body; startings in sleep; pains in different parts of the system, made worse by contact; screaming and trembling; yawning with restlessness, and disposition to move from place to place; quick movements; intolerance of noise; inability to speak loud; sadness; heaviness of the head; pain over the root of the nose; dimness of sight; cannot bear the light; alternate redness and paleness of the face; twitching of the muscles of the face and the corners of the mouth; great deal of choking, and agitation of the muscles of the throat; biting of the tongue; hiccups; gulping up liquid matter without vomiting; grumbling and other noises from wind in the bowels; convulsive movements of only portions of the body at a time, or a great deal of jactitation of the whole frame; convulsions preceded by screaming, laughing, or crying, with nervous risings in the throat, and constant disposition to swallow.

Moschus. Spasms of a decidedly hysterical character; fainting turns, succeeded by headache; stiffness of the arms and lower limbs; spasmodic tossing about of the hands and feet; staring eyes, with anxious expression of countenance; thinks she is going to die; pressure on the top of the head; palpitation of the heart; suffocative constriction about the chest; drawing in the back, with pain running down the thighs, &c.

Treatment of Convulsions which occur during labor and soon afterwards.

In this phase of the disease (*Bellad.*), *Cupr-ac.*, *Hyos.*, *Opium* and *Stram.*, beyond doubt as remedies, so far as at present known, occupy the foremost rank. But cases often occur in which other medicines are required. The follow-

ing indications are given for the remedies just above mentioned:—

Bellad. By a kind of common consent, homœopathic physicians seem to have conceded to this medicine superiority over every other in the treatment of convulsions, and especially puerperal convulsions. My experience with it does not justify any such ascription of power. I have been so often disappointed in its effects, that I now hesitate to employ it in convulsive diseases, except on occasions of the very clearest indication. These are as follows:—

The patient manifests a disposition to bite or otherwise injure persons about her: is perfectly frantic, and tries to get away from them; ludicrous behavior; apparent imbecility; stunning, throbbing headache, with closing of the eyes on account of the pain; red, bloated face; opisthotonos; boring of the head back into the pillow; starting and crying out at intervals; dilatation of the pupils; dimness of vision; loss of sight, as if from the withdrawal of the light; objects appear double, or wrong side up; *sensation as if she were falling through the bed, always downwards*; strong convulsive movements of the eyes and mouth, with a sucking kind of noise; involuntary passage of fæces; very strong convulsive action in all the voluntary muscles, with copious perspiration of the limbs.

Cupr-ac. Rigidity of the muscles of the trunk and lower extremities; vomiting and *retching* with *horrible pains in the abdomen and cramps in the legs*; paleness or bluish color of the face; sunken eyes, with sad and dejected expression of countenance; distortion of the features; rigidity and spasmodic contraction of the jaws, with biting of the tongue; difficult deglutition, from spasmodic closing of the œsophagus; colicky pains, with hiccups; involuntary discharge of fæces and urine; great frothing at the mouth; delirium; incoherent, muttering talk; unconsciousness; paroxysms of rage; *opisthotonos*; violent, convulsive agitation, with many distortions of the limbs; spasmodic contractions, extending

to the fingers and toes; suffocative arrest of breathing during the convulsion.

Hyos. Convulsions commencing with twitching of the muscles of the face; spasmodic motions of the eyes and lids; illusions of vision; obscuration of sight; convulsive movement of eyes; distorted eyes; at first contracted and afterward dilated pupils; loss of vision; bluish, swollen face; a great deal of convulsive motion in the muscles of the face; constriction of the throat; loss of consciousness; throwing off the bed-clothes; wants to go away; gets up to leave the bed; hiccups; rumbling in the abdomen; involuntary discharge of feces and urine; oppression of the chest; stertorous breathing; spasmodic action of the voluntary muscles, with clenching of the thumbs in the palms of the hands.

Opium. Convulsions from fright and fear, coming on with drowsiness and general torpidity; stertorous breathing; snoring respiration; convulsive trembling; stupefaction of the senses; complete loss of consciousness; bluish, bloated face, with swollen, pouting lips; protruded, staring eyes; pupils dilated and insensible to light; incoherent, wandering talk; dark-colored urine; involuntary stools; convulsive rigidity of the body, and copious hot perspiration.

Stram. Easily-excited fears; strange fancies; loquacious delirium; stammering speech; stuttering; the patient makes ridiculous gesticulations, grins, laughs, and sings; gets frightened at imaginary objects; convulsive movements of the head; drawing in the head, with grinding of the teeth; paroxysms of rage; aversion to taking drinks; dilatation of the pupils; staring, sleepy-looking eyes; great sensitiveness to the light, or a desire for more light; convulsion at the sight of a candle; far-sightedness; objects appear double; loss of sight and hearing; rigidity of the jaws, with biting of the tongue, and discharge of bloody froth at the mouth; inability to swallow; rumbling, colicky pains in the abdomen; involuntary stools and urination; general convulsions; spasmodic tossing up of the limbs; stretching of the limbs;

throwing about of the arms and the legs; opening and shutting of the hands, and making motions with the fingers.

The following remedies also deserve to be carefully studied in relation to this disease, viz:—Acon., Argent-nitr., Coff., Gels., Ipec., Nux mos., Nux vom., and especially Verat. vir.; and still others may be necessary to complete the cure in some cases.

From frequent opportunities of observing the action, and considerable experience with different attenuations of medicines in the treatment of puerperal convulsions in former years, I have formed an opinion decidedly in favor of the low dilutions. Of late years I have given the vegetable medicines almost exclusively in the first decimal dilution, and Cupr-ac. and Moschus in the third trituration: about ten drops of the dilution, or two grains of the trituration, in a tumbler of ordinary size, half full of water, a teaspoonful every half hour, hour, or two hours, according to the emergency, until the patient is better, and then not so often. I have often given Cupr-ac. and Hyos. alternately, I think with very good effect.

Without wishing to enter into controversy with any of my colleagues on the subject of dilution, repetition, and alternation of medicines, I take this occasion to say, that I believe the progress of science, the harmony of our school, and the best interests of our patients, will be promoted by conceding the right *unquestioned* of every practitioner to exercise his own judgment in relation to these matters.

M. CLAUDE BERNARD, President of the French Medical Academy, inclines to the opinion that there is no such thing as a science of medicine so far in the history of the world, but that the whole study and practice, as yet, has been experimental and empirical. This would be uncomfortable and startling, did we not know that M. Bernard's opinion is the result of introverted mental strabismus.

PHYSIOGNOMICS—A CLINICAL STUDY.

BY FRANK A. ROCKWITH, M. D.

THE case which I here present to you is of interest to us from several standpoints; first, from a scientific one, as far as the complications of the pathological phenomena are concerned; secondly, from a standpoint of a strictly homœopathic character, the use of the *single attenuated* remedy; and lastly from ethical consideration.

This patient, Mr. W. M., is twenty-three years of age, and of a marked sanguine, nervous temperament, with, perhaps, a slight indication of the lymphatic.

He states that he has been sick, going on six weeks; he was first taken with symptoms warranting to be called cholera morbus, or rather cholerine, for the symptoms were evidently of a mild form. He considers himself a healthy man, generally speaking; has been vaccinated, and is of very temperate habits.

He was first taken sick in the city of New York, and after a few days removed to this place, where he put himself under the care of an allopathic physician of the highest reputation.

He claims to have been neglected; whether on account of his apparent poverty, or the severe character of his disease, he is unable to say. He has not been visited regularly of late.

Part of the treatment consisted in drastic purging with Senna and Salts, to which Ginger had been added, as well as enemas of multiple mixture.

We also find a few powders still remaining, of which he had been taking lately, composed principally of Gallic acid.

At one time, the physician had spoken of tumors, at other times of intussusception, and even cancer had not been left unmentioned as being the cause of the disease. The frequent almost diametrical changes, as well as the varying character of the prescriptions, together with the vague and unmeaning compound ordered at the last stages of the condition, justifies us in thinking that the doctor had been baffled.

It is worth while to rest here a few moments, in order that we may contemplate first of all the fearful ravages the disease has engraven with unmistakable traces upon this man's countenance, and let us then consider the

physiognomic character of the patient more especially, in order to gain a justification for the assumption put forth by the disciples of Lavater.

If, as they claim, every vital organ has its key-note and index somewhere in the countenance; and, in fact, if physiognomy is dependent upon unfailing and regular laws of harmony and sympathy, then must we be able to discover the whole morbose condition of this patient by his countenance, without a more extensive exploration of the rest of the organism; and if the practice will sustain the theory, then may we have found an adjunct science, that will not only facilitate examination as generally practiced in diagnostics, but will also prove a substitute for that method, when it seems to fail.

As he lays there, his face presents to us the ominous *hippocratic countenance*; but this empirical phrase amounts to little. We read of it, and we make use of it to describe anguish and distress, but yet we have no pathological explanation as to what its causation is dependent upon.

The hippocratic expression is confined principally to the lower maxillary portion of the head, or in the language of the artists, to the lower third.

Artistic anatomy divides the face into three equal parts, to wit: from chin to the nose, in a line with the alæ; from thence to the root of the nose, in a line with the eyebrows, and the tips of the ears; from thence again to the median eminence of the os frontalis.

The more equal these proportions of this tripartite division, the nearer to the ideal and the perfection does the countenance approach.

Each division has again its ideal psychiatry. The lower represents the material or physical; the middle the soul (anima), and the instinctive; the upper, the spiritual (free), the psyche. In comparative anatomy, the lower finds its analogue in the abdomen, the middle in the thoracic, while the upper again takes in the totality of the individual in the whole head, or the psyche in its isolated freedom. The hippocratic countenance therefore points to the abdomen as the seat of the primary condition, and in fact, wherever we find, as in this case before us, the lower maxillary portion of the face undeveloped or atrophied, the lips small and thin, the chin retiring; when, more particularly, the sub-maxillary gland appears wasted or missing, the lower ridge of the jaws sharp and angular, missing that classic fullness

so well marked in the *Venus de Medicis*, we can most unmistakably conclude an imperfect vitality of the reproductive system. And why so?

The lowest and simplest formation of animal life is composed of a simple gut, with mouth and anus, as we may see in the monades of animalcular life; and should not, therefore, a harmony necessarily exist between them? and as the "anima" multiplies in complexity, must not also, as a first law of nature, the like result in the affixed parts of its developments?

Physiognomy is practiced unconsciously and involuntarily by all; the beast, the low savage, the babe, the keen-eyed lawyer and the wisest sage, alike are votaries of this unknown and unrecognized mistress. But through what doubtful and perplexing labyrinths of reasonings must we not grope our way to a knowledge of the subject?

I doubt whether a medical physiognomist could desire a case better suited for making his observations, or testing the laws of this science, than the one before us. Not only do we perceive the buccinator muscles stretched to their utmost, exhibiting thereby nearly the full set of teeth, but we also behold deep ridges corresponding to the fibrous structure of the levator muscles of the mouth; and the well marked perpendicular wrinkles of the masseter, telling us a sad tale of abdominal suffering.

In nature we have no accidents. All effects must have a cause, and however simple or accidental a small and seemingly insignificant single line or wrinkle may appear, it nevertheless has its origin in an immutable and fixed law of causation. The whole "lower third" of the face has a death-like, muddy coloring, which is far greater here than the otherwise to be expected pallor of the sick man's countenance; so too the lips are bluish and void of expression.

But what other evidences do we have in this man's physiognomy, which admonishes us to keep in view the abdominal regions as the seat of the principal ailment?

As physiologists we will select the eye, together with the whole visual apparatus, and find in them an analagous condition in the stomach, and even of the whole digestive range of the patient's organism. In the eye alone, a pathognomist can search farther and come to more certain pathological conclusions as to the digestive condition of a subject, than tongue or local examination will often yield; for in it exists a parallel, an analogue, and a sympathy. The eyes receive

light and nourish the refined elements of the brain; vivify and animate the sensations; hence they are organs of nutrition.

Klenke says in his organic psychology: "The digestive organ of the head is the eye, and its food is light; the eye repeats by its membranous globular formation, upon the plane of idealism, the intestinal canal, and the endosmosis of its membranes is here refined for the reception, distribution and acquisition of the dynamic being, which in its effects upon the organism we call light." Not only analogy, but also experience proves the assertion. In all dyspeptics, in hæmorrhoidal conditions, in mesenteric atrophy, may we find reflecting indications somewhere about the eye, and so also every single part thereof has its sympathizing counterpart in the abdomen. In *tabes mesenterica* we have *opthalmia tarsi*. In *helminthiasis*, we have *ataxia* or spasmodic conditions of the *iris*.

In the case before us, we have great sensitiveness to light, and hence his desire to have the room kept dark. We shall no doubt find a correspondingly irritable stomach, which not only rejects food, but also most kinds of medicines.

We also have sunken orbits; the lids stretched tightly over the eyeballs, so much so as almost to veil them, to the exclusion of one-half of the pupil; giving an impression as though he were lost in deep inward reflection; the look is stiff and void of lustre. All this is indicative of a sinking or collapsing state of intestinal life. But aside from the alimentary index, we have here a complication of physiognomical conditions. On half of the right *os frontis*, extending backwards in a diagonal direction across the whole *os parietale*, we find an unduly enlarged œdematous swelling, which extends forward and beyond the palpebral insertion of the frontalis muscles. The whole has a puffy and shining appearance, as though erysipelas had made, or was about to make its appearance.

This swelling is painless and unknown to the patient; it is hard to the touch, giving the idea of an exostotic enlargement, rather than a dropsical condition of the cellular tissues; the *pyramidalis nasi* too, seems by its swollen and erysipelatous appearance, implicated in the condition of the frontal and temporal muscles. But here we come upon a decidedly contradictory state of affairs. The *alæ* of the nose are elevated and actively expanded, comparable, almost, to the nostrils of a snorting stallion in heat, indicating thereby

an excited and similar activity in the respiratory organs; for it is almost needless for me to say, that the nose represents those organs in the fullest extent, not only in a comparative point of view of its plastic formation, but also on account of its intimacy of functions. In ideal physiognomy, it represents the sensational or soul-life of the individual.

The symptoms in this case are as contradictory as they are various. First of all, the abdominal organs seem to be on the verge of collapse; while those organs corresponding with the nasal apparatus, must be stimulated to the utmost degree of excitement.

But to what particular locality are we to ascribe the phlegmonous condition of the parietal and frontal region? This is a question which will naturally arise among the novices in physiognomy, and I would answer, that all reflective symptoms never become acute, and that acute morbid lesions upon the head must not be taken as secondary metastatic or reflex manifestation from other harmonizing localities.

Certain it is, that the patient seems to labor both from a primary malady and a drug aggravation; but to what special drug, out of the conglomerate of an allopathic mixture, are we to ascribe the latter lesions?

While the name of physiognomy seems to limit its sphere entirely to the face, yet, nevertheless, it belongs, in its full extent, to all and every visible manifestation of the invisible soul; thus, position, carriage, gesticulation and voice lend their aid in exhibiting the doings and sufferings of the same. We will therefore note also the communicativeness of this patient, which consists of a *hasty start to relate*, and an equally *sudden and abrupt breaking down* in this anxious endeavor; thus showing us again the strange duality of the morbid phenomena. Let us now remove the bedclothes, in order that we may examine him *lege artis medicorum*. The picture here is as contradictory as the former. First, we notice an excessive expansion of the whole thorax, which yields upon percussion a tympanitic sound, while pressure upon the ensiform process induces great pain and vomiting. The integuments of the chest are tightly drawn, and exhibit extensive emaciation. The temperature of the skin is normal and comfortable. The respiratory and cardiac conditions are as normal as the low flicker of the flame of life permits. But what surprising change do we behold

in the abdomen. It is so completely drawn in and concave, as to give the idea of a basin; touch, ever so slight, causes the patient to shrink with pain, and gives to the open hand a hard, dough-like sensation; no gurgling, as of fluids or flatus is perceptible. Soreness from handling or pressure pervades the whole cavity, from the insertion of the diaphragm down the whole extent of the linea alba. No enlargement can be felt or seen. The putty-like sensation upon handling, and the flattening, are uniformly complete, nor can we perceive the slightest peristaltic motion:

A third anomaly remains to be considered. It is the penis, which has been in a state of chronic semi-erection for more than two weeks; while the scrotum holds in its wrinkled folds the testes relaxed to the utmost. The extremities are emaciated and extended; not in the angular position, as in acute enteritis; another fact worthy of note. The tongue is pale, broad and relaxed; the pulse 82, small, soft and regular; pain is only felt in the bowels, and is described as burning and stinging. He has not voided urine or had a stool for over seven days, and he thinks that he would feel relieved if these would be accomplished; yet he makes no effort, but remains in a state of passive apathy. He complains of a drawing, pricking sensation in his limbs, as though they had been *stretched beyond their natural limits*, and it is almost impossible for him to bend them of his own will. The stomach has rejected food and most medicines ever since his first illness; he has no appetite; a comfortable and even temperature pervades his entire body.

You will perceive that my physiognomic prognosis has almost completely harmonized with the state of the body. The eyes have foretold the vital, the lower third of the face the comparative condition of the abdominal viscera; and in contra-distinction to these, the nasal phenomena have corresponded with the tympanic condition of the thorax. The anomaly presented by the penis alone, have I failed to find indicated.

In a case where symptoms appear to clash so remarkably, it may seem excusable to seek for two or more remedies to be alternated, yet if the law of similia be true, a single agent must cover the totality of the case.

An almost instinctive impulse whispers in my ear the name of *Rhus-tox*, as entirely homœopathic to the above conditions. I remember quite well, that once, while collecting the fresh leaves, I placed some of them in the band

of my straw hat, and noticed in less than two or three hours, a peculiar tingling and electric current passing through the parts of the head corresponding with the tumefaction upon the temple of this patient, and which, in six or eight hours, developed a similar painless swelling. Not only this *seemingly slight* indication, but the knowledge of the whole pathogenesis of this drug force me to accept the instinctive whispering of my mind.

We will therefore give this remedy in the third centesimal potency; ten drops in a tumbler two-thirds full of water, a tea-spoonful to be given every two hours.

Second day.—Our patient exhibits this morning closed eyelids, which, together with the whole integuments of the cranial portion of the head, are swollen enormously. But if he cannot see us, he can, at least, tell us with a firm and encouraging voice that he feels better, and that his bowels have moved a copious, black and papescent stool. He has considerably less pain, and has voided at least two quarts of light, clear urine, with acid reaction. The erection of the penis has ceased. The chest, however, has expanded still more, and threatens to burst upon the slightest pressure; yet the patient feels no inconvenience, and, in fact, seems unconscious of this condition. Pressure upon the abdomen is borne well. It tells to day of fluids and flatus, more especially in the large intestines; the integuments can be pushed about, and the concavity is less noticeable. His pulse is sharper, and has increased to 107; nausea is less, and food is retained without inconvenience. That Rhus is the homœopathic remedy for this *patient* (I lay an emphasis upon the word patient to denote the totality), is evident from the severe aggravation of those symptoms, which in provers have generally appeared as primary ones. We will therefore give this day, *Sac lac*.

Third day.—The swelling to-day is decidedly more translucent. It is gradually extending downward, and the whole nose is exhibiting the same condition; while the dilatation of the alæ has ceased altogether, the "*lower third*" is fuller, and the mouth expresses character and animation.

He has no pain with or without pressure upon the abdominal parietes; the tympanitis of the chest has disappeared; but in its stead he complains of great soreness, particularly at the insertion of the diaphragm, and in the lumbar regions, downwards and upwards. He retains his food well, and calls for more. He has had two copious and

thick bluish-black evacuations; he passes urine in less quantities, and of still pale color. To the oat meal of yesterday we will now add some extract of beef, and prescribe Apis mel., the sixth potency, two pellets every two hours.

Fourth day.—The Apis has made a fine impression upon the dropsical swelling of the face, it having almost entirely vanished; the patient looks cheerful, and I feel free to prognosticate a favorable termination in a few days. Urine still pale and acid, but more copious. Bowels full and soft; has had two more evacuations of more normal appearance. He states that last night, about nine or ten, he had a slight exacerbation, lasting nearly two hours. Pulse 92, soft and full, appetite increasing to hunger. We will order beef broth thickened with farina, and continue the remedy in the twelfth potency, a dose every six hours.

Fifth day.—The physiognomy of the patient to-day is alone almost sufficient to warrant his discharge as convalescent. His face has filled up, and indeed it presents an entirely different character. I should not have recognized the patient from the first day's impression upon my mind. Tongue is clean but pale; bowels and chest normal, but tender to harsh handling, more so to-day than yesterday; had no evacuation to-day; complains of slight wind; passes urine freely, and of a deeper hue; but I think I can perceive indications of the urine being influenced by the beef-extract. I think you will agree with me that Bryonia is indicated, and I shall give it in the sixth potency, a dose once in six hours.

Seventh day.—We find our patient walking the floor, and free from any medicinal or morbid symptoms, and I am surprised to notice his countenance so entirely contradictory in health to what he seemed in disease; verifying to us more and more the truth of physiognomic lessons.

ALLEGED MEDICINAL PROPERTIES OF CELERY.—A correspondent of the *Practical Farmer* says: I have known as many men, and women too, who, from various causes, had become so much affected with nervousness that when they stretched out their hands they shook like aspen leaves on windy days—and by a daily moderate use of the blanched foot stalks of celery leaves as a salad they become as strong and steady in limbs as other people. I have known others so very nervous that the least annoyance put them in a state of agitation, and they were in almost constant perplexity and fear, who were also effectually cured by a daily moderate use of blanched celery as a salad at meal times. I have known others cured by using celery for palpitation of the heart.

KEY-NOTES; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M. D.

(Continued from page 413.)

Berberis vulgaris.

THIS remedy is most frequently called for in disorders of the uropoëtic viscera. Head symptoms, such as sticking pains, vertigo, etc.; *sufferings in the back*, and, in fact, a variety of troublesome symptoms, which seem to be connected with derangement of the urinary organs, find their similimum in *Berberis*.

It is likewise to be consulted in derangements of the urinary or genital apparatus, where the symptoms are aggravated by slight fatigue, getting worse and worse as the fatigue increases.

A great many old "troubles in the back," and other conditions, will be relieved and cured by a remembrance of this key-note, *symptoms aggravated by fatigue*; always remembering to await the action of the remedy for a long time after this condition disappears. I would urge, however, a careful comparison of all the symptoms, in every case.

Bismuthum.

This remedy always addresses itself to my mind in all derangements of the stomach and bowels. It is very similar to *Arsenicum* and *Veratrum*; but has striking points of difference. For instance, in *Arsenicum* and *Veratrum* cases we find coldness of surface, while *Bismuth* is indicated by warmth: again, in *Bismuth* cases the patients desire company, (like *Stram.*) which is not an indication either for *Ars.* or *Verat.* *Stramonium*, having the desire for company, does not present the gastric disturbances of *Bismuth*. *Antim crude* presents a white tongue, as does *Bismuth*, but has not the prostration, the desire for company, or the flatulence pertaining to *B.*

The following is a common group, indicating Bismuth : Vomiting and purging, (or vomiting alone,) with great prostration, *warm* surface, flatulency, white tongue, the evacuations having, frequently, a cadaverous smell ; and the patient desires to have company around. In such cases, I find one dose of Bismuth 2^c, very often produces a surprising change ; the dose not being repeated so long as improvement continues.

It should be thought of in the *summer complaint* of children, with the above striking peculiarities.

It should be carefully compared with Ars., Verat., Ant-c. Ipecac and Tart. emet.

Borax.

One of the strongest indications for the use of this remedy is a peculiar sensitiveness to, and dread of, a *downward motion*, such as that produced by going down stairs, riding on horseback, swinging, rocking in a chair or cradle, or, in a child, on being laid down out of the nurse's arms.

If a teething child had profuse salivation, and this fear of a downward motion, I should prescribe Borax, in preference to Mercurius.

If a patient was troubled with vertigo on ascending, and yet instinctively dreaded a downward motion, I should prescribe Borax instead of Calc. carb.

If a patient was easily startled, by the least sound, as from hearing one sneeze or cough, the fall of a door-latch, the rumpling of paper or a silk dress, and had, likewise, this dread of motion downwards, I should give Borax instead of Sulphur.

The ends of the hairs stick together, so that there is a daily difficulty in combing it out.

Trichiasis ; the eyelashes constantly incline towards the eyeball, keeping up inflammation and soreness of the parts.

It is well indicated for children with pale, dirty-looking complexion, and who have "frowsy" hair, every day, notwithstanding it is combed carefully.

Aplthæ, in children; the child quits the nipple often, on account of the pain it experiences while nursing.

Diarrhœa, after smoking tobacco. *Diarrhœa*, particularly after breakfast. *Diarrhœa* and colic of infants, with dread of downward motion.

Urinary difficulties of children; crying before urination, or straining afterwards, either being accompanied with this dread of downward motion.

Borax should be consulted in *menstrual derangements*, *sterility*, &c., in women sensitive to noises, or in dread of downward motion. It also proves useful in *mammary troubles*, during lactation.

Stitching pains in the right pectoral region (*pleurodynia*) when coughing, breathing, yawning, &c. Even if there be a high degree of fever, and the pains are in that region, I give Borax in preference to Aconite, Bry., Phosph., Ars., Kali-carb. The patient can nearly always lie best on the left side; but the pains in the right side are more tolerable if hard pressure is made with the hand on the painful spot.

The child often awakes screaming, in affright, and catches hold of something as if to save itself from falling.

Unhealthy skin; great inclination to suppuration and ulceration; either of recent or old wounds. Cutaneous affections, with tendency to ulceration.

Catarrhal complaints in damp, cold weather, having a tendency to become chronic.

I never prescribe Borax in any lower potency than the 2^c.

Bovista.

Vertigo, early in the morning, he falls over and seems to lose his senses for a time.

The *pains in the head* are mostly pressing; either inwards, from side to side, or outwards.

Coryza, of thin mucus; every time the nose is blown drops of blood come out. *Epistaxis*, more particularly in the morning; and especially if accompanied by morning vertigo.

Chapping or ulceration of the *lips*; sensation as if a splinter was sticking in them.

Stitching, jerking, or stabbing pains in the teeth and gums; or in different parts of the body, or in the back, along the spine; always coming on at night and disturbing sleep.

Troubles with the mouth and tongue, which seems to cause stuttering and indistinct utterance.

It will be useful to patients who have no appetite for breakfast while relishing other meals.

Morning sickness: vomiting of nothing but water; always relieved by taking breakfast.

Feeling as if a lump of ice was lodged in the stomach; particularly in the morning.

Colic, somewhat resembling that produced by *Colocynth*, in causing the patient to "double up;" but the urine, in *Bovista* cases, is bright red, and the colic is relieved by eating.

The first part of the *stool* is hard, and the last part is thin, even watery; and there is much pain in the abdomen throughout.

Diarrhoea always occurring before the menses.

Intolerable itching at the tip of the *os coccygis*; so violent that he must scratch till the parts become raw and sore. Of long standing.

Oppression of the chest, with desire to loosen the clothes. Visible palpitation of the heart, and other distressing chest symptoms.

Shootings, and other pains, between the shoulders, and along the borders of the scapulæ; the patient must "straighten up" frequently to find relief.

Weakness of the arms, hands and fingers; he is unable to write in consequence of an apparent defect in the shoulder joint.

Chills, coming on immediately after going to bed at night. Chills commencing in the back; coming on every evening

at seven o'clock, with thirst, followed by drawing pains in the abdomen.

Formerly, I had little or no confidence in Bovista, regarding it as inert; but lately, since using it, my confidence in it has become very great, and year by year, it becomes, in my hands, more efficient, as I ascertain its legitimate sphere of action.

(To be continued.)

VAGINISMUS.

BY DR. RACIBORSKI.

Translated from the *Revue de Therapeutique medico-chirurgicale*. By S. Lilienthal, M. D.

THIS neuralgia has only taken its proper place, since the works of Debout and Michon in France, and those of Marion Simms in America, have been published, (1860). The pathology of vaginismus characterizes itself by an hyperaesthesia in a point of the circumference of the vaginal orifice or on the anterior wall of the hymen. The exaltation of this sensibility is sometimes so great, that the slightest touch provokes intolerable pains, the patients are in such a dread that one may approach the sexual organs, that the constricted muscles of the vagina contract instinctively to defend its entrance; they press their knees convulsively together, bend their body and try by every means to keep hands off. Coitus is therefore not only painful, but frequently impossible, and both authorities cite observations where such women kept their hymen intact for years.

Fortunately, extremely severe cases are the exceptions; but even in lighter degrees, although coitus is practicable, the females allow it only from a sense of duty, against their own inclination. We know a lady, who, as often as she had to give up to this act, felt such a disgust, that she laid in a kind of fainting spell and unconscious during the whole duration of

the coitus. The cause of this singular affection has been greatly misunderstood, for in the eyes of many physicians the spasmodic contraction of the vaginal muscles was looked upon as the fundamental element of vaginismus, and furnished the principal indication to the treatment. Forced dilatation and more or less deep incisions were therefore the order of the day, still Michon, in incising the hymen in three places, cut only superficially without touching the sphincter, and his cures may have been caused, by incising thus simultaneously the vaginal mucous membrane and the nervous filaments ramifying there.

The same hyperæsthesia is sometimes found in the mammary glands, so that women beg for amputation to be released of their pains. This mastodynia, to which Astley Cooper first directed attention, is very frequent in Martinique, and Dr. Rufz succeeded in relieving such patients by deep subcutaneous incisions through the whole circumference of the mamma.

For us, vaginismus is only a form of hyperæsthesia of the vulva, acting differently according to the place it occupies. When superficial and limited to the nervous papillæ of the inside of the labia majora, of the nymphæ, or of the vestibule, it may only occasion pruritus, which sometimes reaches a very high degree.

When fixed on the anterior extremity of the urethra, it provokes constant inclinate to micturate, and one can hardly touch the region of the meatus urinarius without exciting great pains; the urine itself, when passing, extorts frequent cries from the patient.

At other times, this hyperæsthesia occupies only the anterior wall of the hymen, and then every touch, be it for exploration or coitus, is extremely painful.

We will mention that Churchill considers inflammation of the vagina as the most common cause of vaginismus; and Scanzoni attributes it to some affections of the uterus. Inflammation of the vulva or vagina may without doubt precede sometimes the invasion of the hyperæsthesia at the

entrance of the vagina and cause vaginismus; but when thus caused, we find the inflammation spread over a more or less large surface, whereas, as a rule, hyperæsthesia occupies only a small space. It has been the case, that the anterior wall of the hymen could not bear the least touch, when, at the same time, the introduction of the probe above it did not produce the least pain. We observe, furthermore, that, as in the greater part of neuropathies, vaginismus is commonly accompanied by an anæmic state, and frequently even symptoms of hysteria are present.

The neuropathic nature of vaginismus we consider therefore fully demonstrated. The spasm of the constrictor vaginae is evidently consecutive, just as we see photophobic spasms of the orbicular muscles of the eyelids or of the muscles of the glottis follow certain neuralgias of the eyelids or of the larynx. It is a symptom, but not the principal element.

Such pathogenetic considerations are our guides to the therapy of vaginismus. There is therefore no reason whatever to have immediate recourse to surgical operations, and Simms' incision ought to be reserved for extreme cases only, for every surgeon is not a Simms or a Richard, and in unskilled hands much injury may be done.

Several years ago, we were consulted by a lady, who, as she was told, suffered from chronic disease of the womb, and marital duties were out of the question. Considering it only as a species of vaginismus we advised hydropathic treatment, in the form of cold rain-douches and cold sitz-baths daily. We formerly used mucilaginous injections with sulphate of atropine on the affected places, but lately we rely more on the internal use of bromide of potassium, which has gained such a good reputation in dysmenorrhœa and which has not disappointed our expectations in vaginismus.

REMARKS.

In the *North American Journal of Homœopathy*, Vol. XIII., page 65, Prof. Helmuth closes a short article on vaginismus with the words "Such

then is the disease and the cure is essentially surgical in its character, for milder varieties Belladonna or Atropine, both internally and topically, have proved very serviceable." But we see now, that even the allopath Raciborski, restricts surgical interference to the intractable cases, and I agree with Dr. Gilchrist (Investigator May, 1869) that improvements in surgery consist also in remedial means. My friend, Dr. Neftel, has treated successfully several cases of vaginismus, caused by the deleterious use of cosmetics containing lead, by the removal of the cause and anæsthetic remedies. Homœopathy, which never was obliged to dissect any part of the trigeminus, to cure prosopalgia, nor perform tracheotomy to cure laryngismus, is also able to cure vaginismus according to the true method of similia. It is indeed remarkable that just the remedies usually called narcotics, play only a very secondary part in the cure of neuralgia, with us. Aconite, Bellad., Stramon., are sometimes indicated, but how much more frequently do we employ Coloc., Calmia, Spigel., and our antipsories for the radical cure of the face-ache. Pernerl, of Munich (N. A. J., XVII., 77) has shown us that Ipecac., Arsen., Tart. emet., Musk, and Dippel's oil will remove the spasm of the glottis, and it is therefore only fair to presume that our Materia Medica will furnish us means to remove the painful hyperæsthesiæ of the female sexual organs. Allow me only to call your attention to *Caladium sequinum*, which is, according to the experience of many physicians, the most efficient remedy for pruritus vulvæ and vaginæ, the terrible itching of which, according to Raue, may cause the habit of onanism, and therefore seems contraindicated, as in vaginismus the very touch is dreaded, but its hysteric symptoms may give us a key to its application in some cases. Painful coitus we find in *Apis* (though there the irritation appears to arise from the ovaries), *Berberis* (weakness amounting to fainting during motion, burning and soreness or lancinating pains in vagina with soreness of the wall of the vagina to the touch), *Iocculus* (chlorosis, dysmenorrhœa, epileptic spasms), *Kali-carb* (pinching and sore pains in vagina and painful embrace, great soreness around the pudendum before, during, and after the menses), *Natrum-mur.* (dryness of the vagina and painful embrace, hysteric languor, itching of pudendum with falling off of the hair), *Nux vomica* (burning of the pudenda, inflammation of the labiæ, corrosive itching, fainting fits after making the least exertion), *Platina* (irritable disposition, ailments from abuse of lead, hysteria), *Rhus-tox* (sore pain in vagina, hindering an embrace), *Sepia* (according to Guernsey one of the most frequently indicated remedies for painful coition), *Sulphur* (burning soreness of genitals with sore feeling during an embrace.

Neuropathic diseases are especially those where Homœopathy must gain its greatest triumphs; an invisible power in producing these excruciating pains and a dynamic remedy ought to be able to eradicate them quickly and safely.—S. L.

PUBLICATIONS RECEIVED.

THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA, DYSENTERY, CHOLERA, CHOLERA MORBUS, CHOLERA INFANTUM, and *all other loose evacuations of the bowels.* By James B. Bell, M. D., Philadelphia. Published by A. J. Tafel, 1869, pp. 168. Price \$1.25.

With great pleasure we announce the publication of this valuable book. The author is one of the most careful, reliable and exact practitioners of our school, and the treatise before us is evidence of these facts. It contains, first, an excellent preface and introduction. The body of the book is arranged in two several parts. Part I. comprises "The Remedies and their Indications." Part II. is a complete "Repertory" of the preceding chapter, arranged under various headings, such as "Pathological Names;" "Character of the Stools;" "Condition of the Stools and of the Accompanying Symptoms;" "Accompaniments of the Evacuations," &c., &c. Finally, there is a list of authors consulted in the preparation of the work, and a complete and correct index.

We cannot speak too highly of this little book, which will be found to be very valuable to every practitioner possessing a copy. It is just such books as this that are needed: treatises devoted entirely to therapeutics. The descriptions of diseases, their history, pathology and symptoms, are laid down so completely in the larger works on practice, that it is unnecessary to reprint them. Here we have just what we want: applied Homœopathy according to the experience of those who have applied it. We hope to see a succession of these therapeutic monographs, by such men as Dr. Bell. They will do more to advance the practice of Homœopathy and render it exact, than many ponderous volumes filled with abstractions and mere flourishes of opinion.

The author frankly acknowledges that his book may contain errors. There cannot be very many. We observe that *Natrum muriaticum* (so-called) is omitted. This may be an oversight, or the author may have had good reasons for leaving it out. In our hands, however, it has proved of value in the treatment of diarrhœa characterized by watery stools accompanied by colic, and causing soreness of the anus.

Mr. Tafel has issued the book in good style, with good paper and clear type, and it makes its appearance at the advent of the season in which the forms of disease of which it treats mostly prevail. We commend the book to our readers with the assurance that they will not be disappointed in it.

SELF-ENERVATION; ITS CONSEQUENCES AND TREATMENT. By C. S. Eldridge, M. D., Bay City, Michigan, with an introduction by Prof. Joseph Hooper. Chicago: C. S. Halsey, Publisher. 1869. pp. 64. Price \$1.00.

This little book presents a beautiful appearance, and sustains Mr. Halsey's reputation of giving to the author the benefit of good paper, good

type and good binding. It is printed on tinted paper, and handsomely bound; and worthy of a Boston or London publishing house.

Of the contents of the book we cannot speak so highly, and greatly regret that this is the case. It is incorrect and unreliable, and has much the appearance of being made up to sell. Self-ennervation is the rather inexact term made use of to indicate the vice of self-pollution—a vice very prevalent, it is true, but not sufficiently so to justify the following assertion: “It has been told us by an aged practitioner, that five out of every twelve inmates of such establishments (girl’s boarding-schools) bear away to their homes the impress of this distressing habit to which they are or have been addicted!” The “aged practitioner” is an aged ass, and the physician who endorses him has been very unfortunate in his associations. The purity of girlhood is one of the brightest jewels of humanity, and is not to be tarnished by such false assertions as this.

The work professes to treat of the consequences of masturbation in both sexes, yet, under the heading “Pathology,” we find that reference is made to the effects produced on the male organs alone. The indications for the remedies, given in the chapter on “Treatment,” have very much the appearance of having been picked out of the *Materia Medica* and strung together, while *Dioscorea*, amongst the new remedies, and *Staphysagria*, amongst the old, and others equally valuable, are omitted.

We regret the necessity for speaking so harshly of this publication, but our duty as a journalist is imperative.

EDITORIAL.

BERRIDGE’S REPERTORY ONCE MORE.—This work is rapidly making its way into favor as its character and scope become more developed. We have received numerous letters from our subscribers, who are delighted with it, and who are looking forward to the publication of the “Head Chapter.” We find the following in the “*Medical Investigator*,” for May.

A NEW (?) REPERTORY OF THE MATERIA MEDICA.

EDITOR INVESTIGATOR:—In the *Hahnemannian Monthly* for February and March, there appeared, as a supplement, “A Repertory to the *Materia Medica*, by Edward William Berridge, M.B., B.S., Liverpool, England.” As this is an out-of-the-way part of the world, excuse some queries about it. Does the title before the name of the gentleman aforesaid, in the absence of any explanation, convey the idea that it is his work, the result of his labor? Where may an interpretation of hieroglyphics (La.³) (Ca.⁵), etc., on the 17th and succeeding pages, be found? Is not this proposed repertory but a rehash of that commenced in 1853, under the auspices of the Hahnemann Publishing Society, by Drs. Drysdale, Stokes,

Dudgeon, Atkin and others, and published by H. Turner in 1859? If such is the case, why is not due credit given to those men, that all those who see this work may honor them?

* * * * *

E. P. H.

Galveston, Texas.

and a reply which we suppose is made by the managing editor, as follows:

1. DR.: It is a good thing sometimes not to be too inquisitive. Shall we appoint an *investigat-ing* committee? Explanations of the meaning of the terms (La.³) (Ca.⁵) may be found in the Pathogenetic Cyclopedia, to which you refer. Whether the author of this new (*renewed*) repertory is a myth or not, we cannot say. His name does not appear in Liverpool list of physicians, registered or unregistered.

2. Materia Medica is common property (?), or at least so considered. "Honor to whom honor is due," should stand at the end of every symptom, otherwise biographers will get sorely puzzled by-and-by.

To all of which we beg leave to reply as follows. The "repertory" is the work of the gentleman whose name appears on the title page as author; *it is not* a "rehash" of the "work commenced in 1853;" the explanation of "the hieroglyphics (La.³) (Ca.⁵)" will *not* be found in the "Pathogenetic Cyclopedia," but are self-explanatory (to common minds), and all these things might have been found out even by a gentleman who lives in an "out-of-the-way part of the world, if application had been made to the person most likely to be able to furnish information, viz., the Editor of the *Hahnemannian Monthly*. The editor who lives in a place which does not consider itself at all out-of-the-way, is politely informed that "it is a good thing sometimes not to be too" *smart*, and that it is not necessary to appoint an "*investigat-ing* committee." We can assure him also, that Dr. Berridge is not a myth, but a homœopathic practitioner now residing in London (late of Liverpool), and a graduate of the university there, and of the Hom. Med. College of Pa. here; and that it is not necessary, in order to assure his existence, that his name should appear in Mr. Turner's unreliable Directory.

The *Medical Investigator* is an excellent journal, but it is apt to be too "slangy" and "spicy." Sam—we mean Carl—Müller, being a *Spaniard*, is excusable for his constant use of *Chilé*, but there is no necessity for marring the entire feast by too much seasoning.

TO SUBSCRIBERS.

WE MUST AGAIN APPEAL TO SUBSCRIBERS WHO ARE IN ARREARS, TO SETTLE IMMEDIATELY. THEY SURELY CANNOT WISH TO ADD TO THE LABORS OF THE EDITOR, THE ANXIETY ATTENDANT ON FINANCIAL EMBARRASSMENT.

THE PHILADELPHIA HOMŒOPATHIC HOSPITAL.
GRAND FAIR.

WE call the especial attention of our readers to the following communication to the Editor, and with the hope that it will meet with a suitable response from every physician who has a regard for the honor of Homœopathy, and the elevation of the standard of medical education.

Philadelphia, May 31, 1869.

Editor Hahnemannian Monthly.

DEAR SIR:—The ladies of the “Homœopathic Fair Association” gratefully accept your kind offer to make the columns of your Journal a medium of communication between them and the members of the profession and the patrons of Homœopathy.

The importance, not to say the necessity, in Philadelphia, with a population of 800,000 persons (a large proportion of whom, in case of disease or accident requiring hospital accommodations, would prefer homœopathic treatment), of having a hospital dedicated to the cause of Homœopathy, will not be doubted by any one acquainted with that system of healing. Another point worthy of consideration is, that the size and number of existing hospitals in the city are insufficient for the wants of our large and rapidly increasing population. And not only is it desirable to the citizens of Philadelphia that a first-class hospital should be established here, but it becomes a matter of general interest, in view of the opportunities which such an institution would afford to those who are studying for the medical profession.

In order to create a permanent fund, the interest of which alone shall be used to defray the current expenses of such a hospital, a large number of the ladies of this city and vicinity are uniting their efforts and influence to get up a Grand Fair, to be held in the latter part of November next. The ladies engaged in this enterprise are encouraged to find that their efforts elicit the sympathy of many friends of the cause who reside at a distance. One lady proposed to fill a table with the contributions of her Brooklyn friends. Baltimore and Pittsburg ladies each promise the same. These and similar facts suggested to the ladies that many friends of the cause throughout the country might be glad to aid in the good work, could they be informed respecting the plans and prospects of the organization.

It is deemed necessary to raise the sum of at least one hundred thousand dollars, fifty thousand dollars of which is to be expended in suitable buildings, and leaving a permanent fund of fifty thousand dollars to commence with, for defraying the current expenses of the institution.

The sum of ten thousand dollars is already guaranteed for hospital buildings, and if the homœopathic physicians throughout the country will aid the cause by informing their patrons of the enterprise so auspiciously commenced, there is little reason to doubt that a sum can be raised sufficient to establish such an institution as will result in incalculable benefit to the suffering, of great utility to medical students, and be an honor to the cause of Homœopathy.

Contributions may be sent to Miss Lucy E. Wadleigh, 1636 Green Street, Mrs. Dr. C. Hering, No. 114 North Twelfth Street, or any member of the Board of Managers.

On behalf of the Ladies' "Homœopathic Fair Association,"

MRS. DR. G. R. STARKEY,

LETITIA R. WILLIAMSON.

Committee.

CORRIGENDUM CORRECTED.

THE Scribe of the Philadelphia County Medical Society who acted as Secretary *pro tem.* at the February meeting, 1869, reported the *idea* upon that point that was *conveyed* by Dr. Martin to the Society in his vague remarks upon that occasion, and the original report is therefore correct, and not the "correction" which he offers in the May No. of the *Hahnemannian Monthly*, of what he may have at the time *intended* to say. It was cholera that he had been talking about, when he instanced an epidemic as occurring in a high and cold locality. With regard to what Dr. Morgan calls "corrections," it is not surprising from his disconnected mode of speaking, that some of his terms should become misplaced or overlooked. He did, however, distinctly say that "a *stamping machine*" had been used, and the impression he conveyed was that there was aggravation from using the arms.

Another point. Since the rules of the Society assign to the Scribe the duty of reporting the discussions, and through the kindness of the Secretary, the debate taken from the Scribe's and his own notes are incorporated as part of the minutes of the Society, it is not proper or just, nor is it treating the Society with due respect, that any alteration or amendment should ever be made to the minutes, except *in the Society*, and only with its consent, and never, as in this instance, without the knowledge of the Society itself, or the officer who may have reported the remarks.

In a kindly spirit, respectfully submitted to the "Corrigendors."

BUSHROD W. JAMES.

THE HAHNEMANNIAN MONTHLY.

Vol. IV.

Philadelphia, July, 1869.

No. 12.

EDITORIAL.

VOLUME FOUR AND VOLUME FIVE.

WITH this issue, volume four of the *Hahnemannian Monthly* is closed. In taking a retrospective glance, covering the year of labor through which we have passed, we are cheered with the thought that we have presented to our readers some grains of wheat which we are assured they have carefully garnered; and if there has been some chaff, it is to be remembered that even the most careful winnowing, with the most perfect machinery, does not suffice to present the good seed without refuse. We are cheered also with the thought that the many congratulatory and complimentary letters we have received were expressions from the hearts of friends who were satisfied that we were doing what we could in the good cause, and endeavoring to present them monthly with something of value.

What volume four has been, volume five will be, and, we trust, something more and better. We have promises of valuable contributions from our ablest and most practical writers; "Key-Notes" will be continued; Berridge's Repertory will constitute a portion of each number, while the discussions and papers of the Philadelphia Medical Society, of the Maine Medical Societies, of the Pennsyl-

vania Medical Society, and of others of equal importance, will form, as heretofore, prominent features.

Whenever occasion shall demand that we give expression to our own views, we shall unhesitatingly advocate pure Homœopathy, but the pages of the Journal shall be open, as heretofore, to the most diverse, if well expressed, views.

The Journal will be under no other control than that of the Editor, and will be in all respects *independent*. It will continue to present the same neat appearance, and correct typographical execution that has always characterized it, and, indeed, we are prepared to expend more labor on both matter and manner than heretofore. Mr. A. J. Tafel, of Philadelphia, who is well known as one of our most correct pharmacutists, and as an enterprising publisher, will be publisher of the Journal, and all communications of a *business* nature, concerning volume five, should be addressed to him. *All other communications* and exchanges should invariably be addressed to the Editor.

With the assurance that our request will meet with a hearty response, we ask our friends to aid us in increasing the usefulness of the Journal by extending its circulation.

WE THIS MONTH present reports of the proceedings of the American Institute of Homœopathy, of the Pennsylvania Homœopathic Medical Society, and of the Philadelphia Homœopathic Medical Society. Their preparation has been very laborious, and we trust they will be very acceptable and interesting to our readers.

Professor RICHARD KOCH, of the Hahnemann College, of Philadelphia, is preparing a treatise on the diseases of infancy and childhood, and their treatment, which we have every reason to believe will prove a valuable work. In the preparation and arrangement of the portions devoted to therapeutics, he is having the very valuable assistance of his father, Dr. A. W. Koch, of Philadelphia. As soon as the book is completed, it will be published by Mr. Tafel.

WE are in possession of the very valuable papers read at the last meeting of the Maine Society, and shall shortly present them to our readers. Friends who have forwarded us books and pamphlets for review, and papers for publication, must have patience, and their claims will all be attended to in good time.

DEATH OF PROFESSOR MEIGS.—Charles D. Meigs, M. D., died in Delaware County, on Tuesday, June 22d, 1869, aged seventy-seven years. He was born in the State of Georgia; graduated at the University of Pennsylvania in 1812; practiced medicine in Georgia till 1820, when he came to Philadelphia. In 1840 he was chosen Professor of Obstetrics in the Jefferson Medical College, from which chair he retired about 1860. He was obstetric physician to the Pennsylvania Hospital for ten years. He wrote and published treatises on Midwifery; lectures on some of the “distinctive characteristics of the female;” remarks on spasmodic cholera; obstetrics, the science and the art; observations on certain diseases of children; translations of Velpeau’s Treatises on Midwifery; various essays and papers in medical periodicals; and concluded his literary work, during the present year, by a translation from the French of the novel of “Typhaine’s Abbey.” Thus the once famous faculty of Jefferson College is rapidly passing away.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE twenty-second session of the oldest national medical association in this country, was held in Horticultural Hall, Boston, June 8th, 9th, 10th and 11th, 1869.

A preliminary meeting was held at the house of Dr. Samuel Gregg, 36 Howard street, on Monday evening, June 7th. Dr. Gregg’s large parlors were crowded with the members of the Institute, who seemed delighted to meet old friends and to make new ones. At this meeting a social and friendly feeling was at once established, which remained throughout the entire session. The members partook of Dr. Gregg’s hospitality, and after discussing the delicacies presented, and the probable business of the coming session, each retired to await the coming of the morrow.

FIRST DAY.—(TUESDAY.)

MORNING SESSION.

At 10½ o'clock, Henry D. Paine, M. D., of New York, President, called the Institute to order, and introduced Dr. David Thayer, of Boston, Chairman of the Committee of Arrangements, who welcomed the members of the Institute, in the following remarks:—

Gentlemen, members of the American Institute of Homœopathy,—As Chairman of the Committee of Arrangements, I have the honor to salute you, and in behalf of the Massachusetts Homœopathic Medical Society, I extend to you all a cordial greeting, and bid you a hearty welcome to the humble metropolis of New England.

You have performed the pilgrimage, many of you for the first time, to this ancient Keblah, to celebrate the twenty-fifth anniversary of the American Institute of Homœopathy, the oldest national medical organization in this country.

In 1844, a quarter of a century ago, when this Society was organized in the city of New York, the whole number of physicians in our school on this continent was less than fifty. In New England there were but thirty-three, in Massachusetts but fourteen or fifteen, and in Boston but eight.

From that time to this there has been a steady increase, and Boston now numbers fifty-eight regularly graduated homœopathic physicians. In Massachusetts there are three hundred, and in New England about seven hundred, while the whole number in the United States is estimated to be about six thousand.

If the respectability of Homœopathy is to be measured by the standing and character of its patrons we may boldly claim for it the highest rank. And its general popularity may be pretty accurately estimated by the favor with which it is regarded by the representatives of the people in legislatures assembled.

The sovereign authority of Mass., has granted charters for a State Society, a hospital, a dispensary, and, more recently, in spite of the most determined and united opposition from the faculty of the established Medical School in Boston, we have obtained a charter for a Homœopathic College, equal in its provisions to those of the other medical colleges in this Commonwealth.

All the other States of New England have been generous in granting liberal charters for State Societies, dispensaries, and other institutions promotive of the interests of Homœopathy.

Notwithstanding the hostility so often exhibited by a few of the members of the old school of medicine, Homœopathy is steadily gaining ground and achieving for itself glories quite beyond the expectations of its early advocates.

Although the most violent of our opponents have been compelled to acknowledge that Homœopathy has done much to meliorate the pangs of heroic medicine and “to teach them a lesson of the healing faculty of

Nature," we ought not to expect them wholly to abandon the field where all their greenest laurels were won.

So long as their places are secure by the tenure of their quarrel with Homœopathy, a *show* of opposition at least must be kept up, or the platform on which they stand will slide beneath their feet.

A certain teacher in a medical college, who once made his public boast that he never had but one patient in his life and that one died,—and who is celebrated chiefly as a punster and a poet, aspiring to prophecy, says, that "not many years can pass away before the same curiosity excited by one of the Perkins' Tractors will be awakened at the sight of one of the Infinitesimal Globules," and that if it should claim a longer existence it can only be by falling into the hands of those "*sordid wretches* who wring their bread from the cold grasp of disease and death in the hovels of ignorant poverty."

But after waiting and watching for nearly twenty years, to behold the dreadful crash which he had predicted, and seeing no signs of decay, he attempts to cover the chagrin of disappointment, and tries to save his own shaky reputation as a prophet by claiming for himself the same longitude of interpretation as his prototype Daniel, that ancient seer, whose seventy weeks is said to mean four hundred and ninety years.

And our Daniel tells us if the "few years" of his prediction could only be stretched out a generation or two beyond our time, he thinks the prophecy would no doubt prove true.

But, as we see no prospect of Homœopathy falling into the hands of the "*sordid wretches*," we will dismiss them and their seer with that sublime passage from *Æsop*: "*Hæc fabula docet ut non omnes poetæ sunt prophetae.*"

Since the American Institute met in Boston, in 1859, we have made a decade of history.

In that brief period what a change has come over our country! No one who was with us on that occasion, even for a moment thought that this time was possible within many centuries. We have emancipated a race, the 15th amendment is as good as passed, we have consolidated our States into one common interest, made liberty national and no longer sectional, added a vast territory to our domain, extending our sea coast to the Arctic Ocean.

With iron bands we have enchained the continent and yoked the oceans together as a pair of oxen, and the lightnings of the skies are organized as a "messenger corps" to run on familiar errands beneath the sea, and do our bidding around the world.

Again, gentlemen, we welcome you to the city of Boston, which has been called the birth-place of liberty.

But whether the goddess was actually *born* here, or whether, in her flight over the salt sea from the heaven-kissing hills of Ilium, she first lighted on the shore of the three-hilled Peninsula of Shawmut, the record does not distinctly relate.

But of this we make our fearless boast, that among the relics of our

history we have preserved most carefully as an heir-loom, "the old Cradle of Liberty," in which she rocked her first BABY.

Your Committee hope, gentlemen, that your stay with us will be agreeable, and that our meeting may be most harmonious and profitable. Again we bid you a hearty and sincere welcome, and hope that your stay in Boston will be much longer than you at first anticipated.

The President then announced the next business in order to be the election of officers. Dr. Wm. E. Payne, of Bath, Maine, thereupon offered a resolution to the effect that at the last meeting of the Session, officers should be elected for the next session of the Institute, and that that course should be followed annually thereafter. The Chair decided the resolution to be not in order, as resolutions could not then be received.

The election was then proceeded with; Drs. T. F. Allen, of New York, and J. J. Youlin, of Jersey City, N. J., being appointed tellers, with the following result:

President, Reuben Ludlam, M. D., of Chicago; *Vice-President*, D. H. Beckwith, M. D., of Cleveland; *General Secretary*, I. T. Talbot, M. D., of Boston; *Provisional Secretary*, T. F. Allen, M. D., of New York; *Treasurer*, E. M. Kellogg, M. D., of New York; *Censors*, Conrad Wesselhøft, M. D., of Dorchester, Mass.; Wm. Tod Helmuth, M. D., of St. Louis; Henry N. Guernsey, M. D., of Philadelphia; C. W. Boyce, M. D., of Auburn, N. Y.; L. M. Kenyon, M. D., of Buffalo, N. Y.

Professor Ludlam was then conducted to the chair, and addressed the Institute as follows:

Gentlemen of the Institute:—Permit me to thank you for the honor you have conferred upon me by your suffrage. This is the proudest moment of my life. In performance of the duties that shall now devolve on me I shall need your suffrage as well, and your forbearance. I shall use my best endeavor to administer to the pleasure and profit of your deliberations. I again thank you for this kind token of your favor and confidence.

Dr. Wm. E. Payne again presented the resolution referring to the election of officers, which was discussed, and subsequently adopted unanimously.

A vote of thanks was unanimously tendered the retiring officers.

Dr. Talbot read a communication from Mayor Shurtleff and the Common Council of Boston, welcoming the Institute to the city of Boston, and tendering its members and their ladies a reception at Music Hall on Wednesday evening.

Letters from the officers of the *Institute of Technology* and of the *Museum of Natural History*, inviting the members of the Institute to visit those buildings, were also read by the Secretary.

Dr. David Thayer presented a communication from Hon. James Russell, Collector of Port, inviting the members to a sail in the harbor and a visit to the Massachusetts school-ship.

The invitations were, on motion, accepted, and Drs. D. Thayer and D. H. Beckwith were appointed a committee to select suitable hours for these various visits.

President Ludlam then announced the following Committees:—

On Credentials.—H. M. Smith, M. D., New York; S. M. Cate, M. D., Salem, Mass.; J. F. Whittle, M. D., Nashua, N. H.; T. C. Duncan, M. D., Chicago; H. B. Clark, M. D., New Bedford, Mass.

Auditing Committee.—W. Williamson, M. D., Philadelphia; Carroll Dunham, M. D., New York; Lyman Clary, M. D., Syracuse, N. Y.; H. N. Guernsey, M. D., Philadelphia; Robt. J. McClatchey, M. D., Philadelphia.

E. M. Kellogg, M. D., Treasurer, then submitted his report, which exhibited that during the fiscal year, the receipts had been \$2,359.86, and the expenditures \$2,802.42, leaving a deficit of \$442.56. The report was accepted and referred to the Auditing Committee.

The General Secretary read the report of the Executive and Publication Committee, which remarked upon the extraordinary prosperity of the past year and stated that never before had the Institute met with such hearty support. The Committee looked forward to the time when every practitioner in the country will be enrolled as a member.

The Committee has printed 3000 copies of a pamphlet containing the code of ethics, constitution, by-laws and list of members. During the year 879,200 pages have been published, of which 600,000 were of the transactions proper, 159,000 of the code of ethics, and 129,200 miscellaneous.

Extra copies of some articles in the "Transactions" have been published at the expense of their authors, and with profit to the Institute.

The General Secretary also read the report of the Committee on Finance, which stated that the enlarged scope of the Institute had greatly increased its expenses, but the Committee believe that the necessary outlay will be abundantly returned in the future. Eight hundred dollars had been contributed by liberal citizens of Boston to aid in lessening the debt, and the pecuniary prospects of the Institute were never so favorable.

The value of publications on hand, which are in good demand, is \$3721. A proposition to increase the annual dues from three dollars to five dollars had been made, but did not meet with the approval of the Committee. The report closed by urging members to assist in increasing the membership and by this means the receipts, and also use their endeavors for the sale of publications.

The Board of Censors reported, through its Chairman, the names of one hundred and fifty-three applicants for membership, all of whom were found to be eligible.

On motion the report was accepted, and the applicants duly elected.

The Institute then adjourned to partake of a collation in the lower room of the Hall, to reassemble at two o'clock.

AFTERNOON SESSION.

The Institute assembled a two o'clock, President Ludlam in the chair.

The reports of the Committee on Credentials and the Auditing Committee were called for, but the members of these Committees not being ready to report, Wednesday morning was named as the time at which the reports should be made.

The report and papers in the charge of the Bureau of Clinical Medicine were presented by Henry D. Paine, M. D., of New York, Chairman.

The general report of the bureau stated that no extensive epidemic had prevailed during the past year, and that nothing of special interest had presented.

The following papers were presented: Report of a case of *sciatica* resulting from gold poisoning, and occurring in the practice of Dr. J. Heber Smith, of Melrose, Mass.; a paper on *Measles*, by Dr. H. W. Holcomb, of New Orleans; *Biliary Calculi*, by Dr. E. M. Kellogg, of New York; a case of cerebral disease, by Dr. Conrad Wesselhœft, of Boston; and a paper on Therapeutics, by Dr. Jas. C. Burgher, of Pittsburgh.

These papers called forth considerable discussion. The case reported by Dr. Smith (*sciatica*) and which was cured by a high potency of *kali bich.*, was very interesting. Dr. McManus wished to know why that remedy had been chosen, and was answered that it was because of its antidotal properties. Dr. O. P. Baer thought he should have given a high potency of *Aurum*, as in his experience it often happened that a high potency of mercury would cure the poisonous effects of that metal. Dr. Wesselhœft thought that as the case had been cured no question should be raised.

In regard to *gall stones*, Dr. David Thayer remarked that there was a sure remedy for gall stones always found in the pocket-case. Not for the colic and agony,—that you must alleviate as best you can;—but for the disposition to the formation of these calculi; the derangement of the system that leads to them. *China* was the remedy he referred to, and it had not failed him in fifteen years. He generally gave it in a low potency,—3d or 6th,—and once in the 30th. He related the case of a lady who suffered greatly from this trouble, having an agonizing paroxysm every two or three weeks. He gave her *China* and she had no further attacks. She afterwards moved to New York, and some time afterwards her husband came to see him and told him his wife felt as if she would have another attack. He gave *China* 30th, and no attack came on, and never would. He remembered that old Dr. Jackson said that in India, where bilious diseases were very common, *epistaxis* was of frequent occurrence. He (Dr. Thayer) was once called to a lady who was much troubled with *epistaxis*. She was very thin and weak, and in an icteric condition. He thought of gall stones, but there did not seem to be suffering enough for that; though he believed that people got so used to suffering, sometimes, that they had no just appreciation of its degree.

He gave China and then Carbo. veg. Regrets he did not follow up the China. She had no bleeding for eight months after taking the carbo veg. She finally commenced to bleed, the hemorrhage could not be arrested, and she died. *Post mortem* showed the presence of gall stones; the gall bladder was distended and the blood was thinned.

The Institute then adjourned, to meet at 8 o'clock to hear the Annual Address, by Prof. Ludlam.

EVENING SESSION.

The Institute assembled in Horticultural Hall, at 8 o'clock, together with a full representation of the beauty, fashion, and intelligence of Boston. Professor Ludlam, the orator of the evening, was introduced, and eloquently addressed the assemblage, his theme being "*The Relation of Woman to Homœopathy.*"

The following are extracts from the address :

* * * * *

"There is no better evidence of civilization the world over than is to be found in the care bestowed upon the health, the comfort, and the welfare of woman. If modern habits and usages have multiplied the diseases and physical frailties of the sex, it is one of the grandest of earthly compensations that modern science has mitigated their severity and extracted their sting."

"When we reflect upon the influence exerted to this end by the system we represent and practice, it is sufficient to temper the present occasion with the most unbounded enthusiasm. Through it what blessings have descended, directly and indirectly, into every well ordered household! There is no need of argument to demonstrate the admirable fitness of our remedies for the treatment of any especial class of diseases. It is a trite saying that 'Homœopathy answers very well for women and children when they are ill.' So it does. The experiment has been tried on a magnificent scale; and the result is that it would be as difficult to destroy the public confidence in this system of medical practice as it would be to annihilate either of the more popular branches of the church militant. In short, it would be an impossibility. All the laws enacted by all the medical sanhedrims in Christendom, all the opposition and ridicule of those who assume to control the rights and subsidize the resources of the healing art, would avail nothing against the settled reliance of the women of this and other countries upon the merits of Homœopathy. And, if they are for us, who can be against us?"

* * * * *

"And if the profession in general should be accredited with so much of good, it must be conceded that our especial branch thereof has additional and peculiar claims upon the sex. For it is no trifling advantage to have turned the tide of popular opinion in this and every other community against the pernicious habit of over-dosing and maltreating our female patients. Homœopathy has initiated a reform that will tell with won-

derful effect upon the health of coming generations. It has already lifted a burden from multitudes who either do not know, or who will not acknowledge, to what agency they owe their emancipation. For the most harmful and disagreeable remedies it has substituted those which are kindly and beneficent, such as are most useful, available, and never injurious. The adaptability of its laws and means is marvellous, and, in the direction indicated, no one may catalogue all its merits."

"We do well to reward the man who invents whatever is adapted to lessen the toil and lighten the cares of woman. The hum of the sewing-machine is a hymn in praise of his genius and of his humanity. But which is the more noble and useful to the wife or mother, to add a thousand superfluous stitches to her garments, or to take away a single one from her side when she is in pain and peril? Is it more commendable in the merchant to multiply her wants and caprices by bringing all that the old world can furnish to adorn her home and her person, than for the physician to develop and render available a new world of curative resources of which she will surely stand in need?"

* * * * *

"But there are graver questions that grow out of this natural relation between woman and Homœopathy. The line which separates tact from talent, is an indistinct and arbitrary one. If she has the taste and the genius for it, is there any good reason why a woman may not properly qualify herself for the practice of medicine? Shall we recognize the peculiar gifts of which I have spoken, place a premium on their possession and exercise, and afterwards seek to limit her acquirements and to narrow the field of her usefulness?"

"In either sex the possession of one talent does not imply the possession of all. In our calling, as in others, real merit is not an affair of gender, but of genius and industry.

"Now there have always been, and there will always be, female physicians. And their tribe is as certain to increase as it is to exist. We are chiefly concerned with the kind and degree of their qualification for the responsible office.

"It is an error to suppose that, if they could, the more intelligent and influential men in our ranks would really prevent women as a class from engaging in the practice of medicine. On the contrary, we perceive and admit the probability of their usefulness in such a capacity. There is room and employment for all, and each should be occupied according to his or her gifts. Instead of opposing the sex in this direction, we simply recommend that they shall avail themselves of a thorough course of training for the duties assumed.

"Therefore, gentlemen of the Institute, while we are striving by every laudable means to raise the grade of qualification, we must help to elevate it for both sexes alike. We should recognize and encourage those medical schools which are now devoted to the education of women, and organize, endow and support others as they may be demanded by the

growing popularity of our cause. And we should also labor to form a correct public sentiment which will require that all physicians, without any arbitrary distinction of sex, or color, or nationality, shall have been thoroughly educated and disciplined for their peculiar and responsible calling.

"These, and kindred considerations which might be adduced, should lift us to the broad level of professional equality, liberality and toleration. If the half that I have said of the peculiar relations of woman to Homœopathy is true, we are morally bound to minister by every possible means to the cultivation of those qualities of mind and of heart which are suited to adorn our own or any other calling.

"While the women introduce and defend us; while they entrust their own lives, and those of others who are endeared to them by the ties of love and of friendship, to our care and keeping; while they continue to be the first to praise and appreciate, and the last to forget what we have done for them; while they throw their tact and influence and intelligence into the scale for us; while they hold up our hands at home and abroad; and while in this and other cities they raise and contribute thousands upon thousands of dollars to extend a knowledge of Homœopathy and its curative blessings to the poor and the needy, we should frankly confess that this is our sweetest recompense, and our most lasting reward."

After the address had been delivered, and the main portion of the audience had adjourned, the members of the Institute and a number of invited guests proceeded to the lower hall, where a bountiful collation was served, and a very pleasant social hour spent. Two songs were given by Mrs. D. C. Hall, and H. C. Barnabee, of Boston, made all present heartily laugh at his humorous singing and recitations. Prof. Helmuth added to the evening's entertainment by reciting one of his own humorous poems, entitled "The Female Doctor."

SECOND DAY—(WEDNESDAY.)

MORNING SESSION.

The Institute was called to order at 10 o'clock by the President.

The President announced that in consequence of Dr. Helmuth having received a telegram from Philadelphia, requiring his presence there, that gentleman desired, before he left, to make an explanation in regard of an item which appeared in the "Transactions" of 1867, being a part of his report on a case of removal of the entire inferior maxillary bone.

In the course of a discussion of the Report of the Bureau of Organization, &c., submitted at the meeting held at St. Louis, one of the members took occasion to remark that the "Proceedings" of the Institute to a certain extent absolutely stultify us in the minds of men who are posted in the profession, and referred to Dr. Helmuth's statement that the removal of the lower jaw bone was a difficult operation, and that it "had been performed but three or four times in the United States."

Dr. Franklin had said that "it had brought upon his cheek a blush of shame that such things should appear in the Transactions," and that it had been "laughed at and commented on as a most extraordinary and exceedingly ridiculous and foolish statement."

In defence of the statement he had made, Dr. Helmuth read a lengthy and exhaustive paper, quoting a vast number of authorities to show that really the operation of entirely removing the lower jaw had not been successfully performed oftener than he had asserted. The paper was accepted and referred to the Committee of Publication.

The Board of Censors reported favorably upon twenty-four applications for membership, and the applicants were admitted.

Dr. Williamson, on behalf of the Auditing Committee, reported that the accounts and vouchers of the Treasurer had been examined and found to be correct; and announced, likewise, that the entire debt of the Institute had been liquidated.

The Reports of the *Bureau of Materia Medica, Pharmacy, and Provings*, were then submitted.

Dr. Wm. E. Payne, of Bath, Maine, read a paper on *Recording and Collecting of Clinical Provings*. Dr. Payne dwelt particularly on the necessity for having pure drugs, and the great difficulty of separating true from spurious symptoms. He was desirous of adding new provings, and of placing with them confirmations by clinical experience. He regarded the correcting and confirming of the *Materia Medica* at the bedside, as of inestimable importance.

The General Report of the Bureau was submitted by Dr. Conrad Wesselhœft, of Boston, Chairman. *Baptisia tinctoria* was recommended to special attention. He thought it were better to discuss what diseases a given drug would cure, rather than what drugs will cure a given disease. He regarded diagnosis of little practical value unless accompanied with a full knowledge of the remedy required to cure.

Dr. Wesselhœft also read a paper by Dr. E. M. Hale, of Chicago, on *Stylingia sylvatica*, together with some clinical experience in the use of that remedy.

The above reports were accepted and appropriately referred.

It was agreed that the reports and papers belonging to a Bureau should all be read either at length or by title, and that afterwards they should be called up in order, for discussion.

Discussion on Dr. Payne's paper was therefore declared to be in order.

After some remarks had been made on the subject of it, Dr. Carroll Dunham, of New York, submitted the following resolutions, which were unanimously adopted:—

Resolved, That the Bureau of Clinical Medicine be requested to give attention to the collection of clinical verifications of the symptoms contained in our *Materia Medica*, and to include such verifications in their reports, giving credit to the authors, and whatever details they may deem proper.

Resolved, That the Institute invite State Medical Societies to cooperate in this work of clinical verification of the *Materia Medica*.

An invitation was extended to the Institute, to visit the *Public Library* of Boston. The invitation was accepted and referred to the special committee.

A discussion then ensued on the general subjects of the *Materia Medica* and *Provings*, and was taken part in by a number of the members.

Dr. A. O. Blair, of Cleveland, spoke of an epidemic of erysipelas which had prevailed in his locality, and which he had been unable to meet until he prescribed *Lachesis*. He thought the *Materia Medica* contained many foolish and insignificant symptoms, and that one-third of it, at least, should be expurgated.

Dr. Williamson spoke of the *genius epidemicus*, showing that while a remedy might appear to be almost a specific in a certain form of disease, during one epidemic, it might be useless in another season, and an entirely different remedy be curative. He had no doubt but that there were many useless symptoms in our *Materia Medica*, but thought it a difficult matter to properly discriminate between true and false.

Dr. Swazey, of Springfield, Mass., defended the so-called insignificant symptoms, alleging that they often pointed to the remedy, when apparently weightier symptoms failed to do it.

Dr. Carroll Dunham also took this ground. He instanced Tellurium, proved by Dr. Hering, in which he alone, of all the provers, had obtained ear symptoms, but he had verified these, and so had Drs. Wells, Joslin, and others. It is not always that the most frequently recorded symptoms are of the most importance. Dr. Dunham also related the case of a lady who had some symptoms of *Lilium tigrinum*, proved by Dr. W. E. Payne, but he did not give it, because the uterine symptoms of the patient were not recorded in the pathogenesis of that remedy. At length came a proving by a woman, and he then found that the *Lilium* was entirely adapted to the case. He argued that if women were admitted to the Institute, they will become very useful members by giving us symptoms that only could be developed in their sex.

An invitation was received to visit the Athenæum Art Gallery, which was accepted.

The Institute then adjourned to partake of the collation provided: to meet at 2 o'clock.

AFTERNOON SESSION.

The Institute assembled at 2 o'clock.

The discussion on *Materia Medica* was continued by Drs. H. N. Martin, of Philadelphia, F. R. McManus, of Baltimore, and B. De Gersdorff, of Boston.

The Report of the *Bureau of Nomenclature and Pharmacy* was submitted by Dr. Williamson, of Philadelphia, Chairman. As the report was very lengthy, Dr. Williamson read a synopsis of it.

The report was accepted and referred to the Committee of Publication.

It noted numerous changes proposed to be made in the nomenclature of the various articles of the *Materia Medica*, as absolutely necessary.

Prof. T. F. Allen, of New York, briefly alluded to the changes taking place in botanical nomenclature.

Dr. Frank A. Rockwith, of Newark, N. J., regarded the necessity for having our remedies correctly named, but thought it was not for this body to propose changes in well established names, as it should be done by bodies devoted to special sciences.

Dr. Williamson explained that the recommendations had been made in consequence of the confusion and inaccuracies growing out of certain names. He regarded the Institute as a highly scientific body, and thought it competent to effect such changes of nomenclature as it might deem correct.

Dr. Carroll Dunham, Chairman of the *Committee on Homœopathic Dispensatory*, presented a report. It submitted that the proof-sheets forwarded by Dr. Lodge, of a proposed Dispensatory, had been examined, and found to be not worthy to be recommended. The Report closed with a resolution recommending the appointment of a special committee, to be composed of gentlemen acquainted with *Materia Medica*, chemistry, botany and pharmacy, and that this committee confer with Dr. Lodge, in regard of his proposed work. On motion, the Report was accepted and referred, and the resolution adopted.

Dr. H. M. Smith, of New York, Chairman of the Committee on Credentials, reported that 15 State societies, 45 local or county societies, 8 hospitals, 24 dispensaries, 8 colleges, and 12 medical journals, were represented by 122 delegates.

The Reports of the *Bureau of Obstetrics* was presented by Dr. J. H. Woodbury, of Boston.

The first paper was by Dr. T. G. Comstock, of St. Louis, which was read by Dr. Woodbury.

The second paper was by Dr. H. N. Guernsey, of Philadelphia, which was read at Dr. G.'s request, by Dr. McClatchey, of Philadelphia.

Dr. Guernsey's paper excited a spirited discussion, in which Drs. Woodbury, Guernsey, Baer, and others took part.

The Institute then adjourned to visit the harbor and school-ship; to meet on Thursday morning, at 10 o'clock.

WEDNESDAY EVENING.

Reception at Music Hall, by the City Government.

The grand dress levee and formal reception tendered by the City to the Institute took place in Music Hall, and was the culmination, but by no means the end, of the profuse hospitalities showered upon the members during their stay in the City. The sessions of the past two days were

intermingled with the most enjoyable festivities, and the invitations presented to the Society were almost as numerous as its own reports.

The idea of the reception was that it should combine the attractions of a social reunion, a promenade concert and a ball, and the arrangements were made accordingly. The floor of the hall was cleared of seats except at the further end under the gallery, the platform was profusely decorated with flowers and shrubs, many of them of rare varieties, and the music was furnished by the great organ under the skilful touch of Dr. Wilcox, the Germania Band, and the Orpheus Glee Club.

The company began to assemble at eight o'clock, and by nine the floor was crowded. Among the guests, besides the Doctors and the members of the City Government, were the Hon. Josiah Quincy, the Hon. Robert C. Pitman, the Hon. J. M. Wightman, the Hon. Marshall P. Wilder, the Hon. Peter Harvey, the Hon. Ginery Twichell, Judge Bacon, of the Municipal Court, and the Rev. John T. Sargent. Many of the gentlemen brought ladies with them.

Shortly before nine o'clock, Dr. Shurtleff, the Mayor, came upon the platform, accompanied by Prof. Ludlam, and calling the company's attention, welcomed them in a few felicitous remarks as follows.—

In behalf of the City of Boston I welcome you to this festive occasion. I recognize in you the Homœopathic Medical Institute of the United States, now about twenty-five years of age, and for that age I must confess a pretty largely grown body. It may seem strange to you who are all homœopathists, to see one of my profession welcoming you to these social enjoyments, but I assure you that the City of Boston on occasions like this, never distinguishes one political party from another, one religious sect from another, nor any theoretical differences among medical men. The gentlemen of the City Government are here to represent the citizens of Boston, and all the people of Boston join with us in giving you a most hearty welcome to the city and to the festivities of this evening.

If you will allow me, I will simply say, that this evening I shall be homœopathic, certainly in making my address of welcome to you. For I shall conform so far to your rules as to administer a very small speech, although allopathically I shall invite you to a very large amount of pleasure, and I hope of comfort. To those who are strangers here I will say that, perhaps, they have heard of Boston as a place of notions. It is true, indeed, that we have many of these; yet I trust that those of you who make investigations into our manners, customs, and these very notions, will find that they are all pleasant ones, and all meant for your benefit and good. You may have heard of blue laws in a portion of New England; we know of none here. Here our legislators, although they may sometimes seem queerly inclined to give us unpalatable laws, are commonly very kind, and take a second sober thought. They protect our police interests to such an extent that they have come to the conclusion that this good city, where originated the independence of the whole nation, and where liberty went forth but a few years ago to give peace

and contentment to all persons within our country, of every kindred, complexion and tongue, shall be allowed the same beneficent privilege.

With this understanding, I extend to you all the facilities for enjoyment that the Commonwealth has given by law to us ; and I assure you that during your meetings you will be unmolested. In your peregrinations throughout the city you will see nothing to interfere with you. You can go and come and enjoy yourselves as much as you please. And I can assure you that the members of the City Government, although they will not be with you all the time you are here, yet will do all in their power for your gratification, and will rejoice with you in all that you will have. Again let me welcome you to this city and to the enjoyment of this evening.

To which the President responded as follows :—

RESPONSE OF DR. LUDLAM.

Mr. Mayor—On behalf of the American Institute of Homeopathy, I have the honor to assure you that we accept and appreciate your courteous recognition and hospitality. And I am sure that the members of our body are no more likely to forget this compliment on your part than they are to forget Boston itself.

Applause followed the addresses, and after the playing of more musical selections by Mr. Wilcox, the poetical welcome, written by Mrs. Julia Ward Howe, was read by Mr. Sloan.

MRS. HOWE'S POEM.

Unbar the gates, unlock the doors,
And make the city's guests at home ;
Dress for their feet the marble floors,
And set their colors in the dome.

For these are soldiers of the good,
Who with celestial arms maintain
A warfare free of guilt and blood,
A conquest innocent of pain.

Truth like a star in darkness hung,
Views not the midnight depths with fear :
But utters with unfaltering tongue,
" The steadfast day of God draws near."

Grim superstitions slowly melt ;
Old Want and Usage turn and flee
Where e'er their misty ranks have felt
The charge of Thought's high chivalry.

Knights of hygiene, the growing day
Binds nature in your plastic rule ;
Your foemen throw their arms away
And seek the blessings of your school.

Pale forms from prison beds arise,
And follow you with strength renewed,
While age and childhood lift their eyes
And sing the psalm of gratitude.

For sacred studies underlie
Your helpful words and deeds of cure,
And justice sets in honor high
Your creed humane, your record pure.

The poetical tribute of Mrs. Howe was very finely rendered by Mr. Sloan, and the musical entertainment was then continued by the singing of the Orpheus Club.

At half-past ten all present repaired to Bumstead Hall, where a splendid repast was served by Mr. J. B. Smith, the caterer, and the appetites of entertainers and entertained were fully and expeditiously satisfied. Dancing was then commenced in Music Hall, to the music of the Germanias, and was continued till a late hour.

The platform of the hall was very elaborately supplied with flowers and shrubs from the Public Garden hot house. An occasion so crowded with elegant entertainment and hearty hospitality cannot fail to hold a place in the memories of those in whose honor it was given. It is safe to say that every member attending the sessions of the Institute was present at the reception, and the whole number of participants must have been fully one thousand.

THIRD DAY.—(THURSDAY.)

MORNING SESSION.

The Institute came to order at 10 o'clock, in the lower room of the Hall, the President in the chair.

The discussion on Professor Guernsey's paper on *Obstetrics* was resumed.

Dr. Wm. E. Payne said he recognized Homœopathy as co-extensive with disease, and there was no one had a fuller reliance in medicines thus administered than himself; but the remedies that might give relief in certain cases of emergency might not be fully developed or properly understood, and we might be unable, therefore, to select the true curative agent; therefore, while it was true that in an obstetrical practice of thirty years duration he had never used a tampon,—and he hoped he never should use one—he would not hesitate to resort to that or any other means that would save the life of his patient; failing to select a remedy all-sufficient.

Dr. D. D. Smith, of Geneva, N. Y., was opposed to a resort to mechanical appliances, in the treatment of uterine displacements, etc.; and preferred electricity, and the development of muscular force. He treated the subject in a very instructive manner.

Dr. Ludlam was called upon, and said that although he was not an extremist in the use of attenuations, he had thorough confidence in the

efficiency of homœopathic remedies. But he believed there were cases where it was necessary to resort to other expedients. He did not regard his acquaintance with our remedies as by any means complete, and thought that if he lived to be very old he might then be able to accomplish twice as much with them as now. In the present state of medical knowledge, he thought this resort to expedients not only advisable but necessary, and was of the opinion that a gentleman who had been successful for a term of years without resorting to these adjuvants, should be credited with extraordinary skill.

Dr. Williamson said the duties of a physician were to prevent disease, to save suffering, and to prolong life, and he was of opinion that the sufferings of women might often be mitigated by the use of abdominal supports; he therefore advocated their use, and the employment of other mechanical means where our remedies cannot or do not have instant effect. Many patients suffering from prolapsus uteri were working women; obliged to be constantly on the go; and in this class, particularly, he thought it almost impossible to get along without supports.

Prof. O. B. Gause, of Hahnemann Medical College of Philadelphia, considered that Homœopathy furnished almost unfailing remedies, but extraordinary cases would present themselves where it was well to have means to resort to until remedies could be got to act. As a teacher of obstetrics he considered it to be his duty to teach all that the literature of obstetrics affords, from *Denman* to *Guernsey*, in regard of these cases, that those who go forth into the wide field of practice may be thoroughly furnished; and, he thought, while the use of mechanical appliances could be, and should be, greatly restricted, they were of undoubtedly great value in many cases. Dr. D. H. Beckwith, of Cleveland, spoke in favor of mechanical supports and other appliances as often useful.

Dr. C. H. Haeseler, of Pottsville, Pa., stated that he was not prejudiced either in favor of or against mechanical means in the cases under discussion, but advised caution in their use, reciting an interesting case illustrating his views.

Professor Guernsey was then called upon to close the discussion, in which considerable opposition had been manifested to what were regarded as his radical views. He re-asserted, however, his entire confidence in the all-sufficiency of remedies homœopathically administered, in the worst cases and under all circumstances; and looked forward hopefully to the time when pure Homœopathy would supercede all other means of cure.

On motion, Dr. Guernsey's paper was accepted and referred.

Other papers in the possession of the Obstetric Bureau, were read by title and appropriately referred, as follows:—

On *Anteflexion of the Uterus*, by J. C. Sanders, M. D., of Cleveland; and a case of *Ovarian Dropsy*, by J. Hartmann, M. D., of St. Louis.

Dr. William Gallupe, of Bangor, Me., read an account of a case of ovarian tumor cured by absorption. The paper was accepted and referred.

Dr. J. H. Woodbury, of Boston, related an interesting case occurring

in his obstetric practice, of which a written report was presented, accepted, and referred.

Dr. Ernst Hofmann, of New York, presented a paper on *sterility*, its causes, and the means of cure, which he had commenced to read when it was announced that no more time could be devoted to the consideration of subjects belonging to the Bureau of Obstetrics. The reading was therefore discontinued.

The Report and papers in the possession of the *Bureau of Surgery* was then called for and presented by Dr. I. T. Talbot.

T. F. Allen, M. D., of the New York Ophthalmic Hospital, read a report giving an account of operations performed by him for cure of obstruction of the lachrymal canal. Accepted and referred.

Dr. C. T. Liebold, of the same institution, read a paper on the treatment of cataract, which was also accepted and referred.

The report of a case of femoral hernia followed by artificial anus, operated on successfully, by Professor Malcolm Macfarlan, of Philadelphia, was presented, accepted, and referred.

Cases of surgical operations on the eye, by Jas. B. Bell, M. D., of Augusta, Me., and other interesting surgical cases, by Giles M. Pease, M. D., of Boston, were read and referred.

An Invitation was received from the "Bunker Hill Monument Association," inviting the Institute to visit that historic pile, was accepted, and referred to the Committee on Invitations.

[It was neglected to be stated, in the report of yesterday's proceedings, that invitations had been received to visit the "Consumptives Home," and the "House of the Angel Guardian," both of which were, with pleasure, accepted.]

The Censors reported favorably on seven additional applications for membership, the gentlemen being thereupon duly elected. The Board also reported that Mercy B. Jackson, M. D., and Martha J. Flanders, M. D., had also applied, but that in view of the action of the Society at its last meeting, they did not feel called on to recommend the names of these ladies for membership.

The name of Walter Ure, of Alleghany City, Pa., was, on motion, ordered to be stricken from the roll, at his request.

Adjourned to the upper hall for lunch; to meet again at 2 o'clock.

AFTERNOON SESSION.

The members assembled at 2 o'clock.

Dr. H. D. Paine, by consent of the Institute, offered the following resolution, which was adopted unanimously:

Resolved, That the hearty thanks of this Institute be and are hereby tendered to those citizens of Boston who have so liberally contributed to the liquidation of the debt of the Association.

Dr. McManus, of Baltimore, offered the following resolution:—

Resolved, That the appreciation and thanks of the American Institute

of Homœopathy are due to Professor R. Ludlam, of Chicago, for his able address, and that a copy of it be requested for publication with the proceedings of the Institute.

The resolution was adopted unanimously.

The report and papers in charge of the *Bureau of Anatomy, Physiology and Hygiene*, were presented by Dr. Carroll Dunham.

These embraced papers by Drs. J. H. P. Frost, of Bethlehem, Pa., T. F. Allen, of New York, Carroll Dunham, of New York, A. R. Morgan, of Syracuse, N. Y., and others.

A paper on the lymphatics and their functions was discussed by Drs. T. F. Allen, and O. P. Baer, of Richmond, Ind. Dr. A. R. Morgan's paper was on ventilation, and gave an able account of how that very desirable hygienic measure could be properly secured.

The report and papers were accepted and referred.

The report of the *Committee on Foreign Correspondence* was presented by Drs. C. Dunham and B. De Gersdorff. Dr. Dunham read a letter from Dr. John Moore, of Liverpool, Corresponding Member of the Institute, giving an account of the state of Homœopathy in England; and Dr. De Gersdorff read a statement of observations made by him in Germany, last year. The report and communications were received and referred.

The report of the *Necrologist*, Samuel B. Barlow, M. D., of New York, was read, accepted, and referred.

The report of the *Bureau of Organization, Registration, and Statistics*, was presented by H. M. Smith, M. D., of New York.

The Bureau recommends that the by-laws be changed in accordance with a vote passed at the last annual meeting, so that there shall be a Bureau of Medical Jurisprudence and Psychology, one of Necrology, and one of Correspondence; also a Bureau to have charge of the publication of an official journal, to be entitled "The Bulletin of the American Institute of Homœopathy." Dr. Smith reported that a new method of registration had been adopted, and announced that information had been communicated to the Bureau of the union of the Western Institute of Homœopathy with the American Institute.

Dr. L. E. Ober, of La Crosse, Wisconsin, President of the Western Institute, stated that that body had appointed a committee on the subject, and it was moved and carried that President Ludlam should appoint a Committee of Conference on behalf of the American Institute, which he did, as follows:—Drs. O. B. Gause, of Philadelphia, L. M. Kenyon, of Buffalo, N. Y., and G. W. Bigler, of Cincinnati.

The report of the Bureau was accepted and referred.

The *Committee on the Publication of a Journal* by the Institute, made an adverse report which was accepted.

The report of the *Committee on Medical Education* was made the special assignment for Friday morning, at 10 o'clock, and the Institute then adjourned.

THE DINNER TO THE INSTITUTE.

At seven o'clock on Thursday evening, the members of the Institute, and other invited guests, sat down to a dinner in the upper hall, given them by the *Massachusetts Homœopathic Medical Society*, and which proved to be a very enjoyable affair. About four hundred gentlemen occupied seats at the table, and many of their lady friends were seated in the gallery. The stage was decorated with plants and flowers, and the windows were adorned in a similar manner. The company was called to order by Dr. G. W. Swazey, President of the *Massachusetts Society*, who presided during the evening, and the blessing was invoked by Rev. J. A. M. Chapman.

An hour was spent in enjoying a bountiful repast, at the close of which toasts were offered and responded to as follows, Dr. H. B. Clark, of New Bedford, Mass., acting as toast-master:—

1. *The President of the United States.* Responded to with "Hail to the Chief" by the band, and a speech by Charles W. Slack.

2. *Massachusetts.* Ever prompt to lend her honored influence to individuals or organizations striving for a more excellent way. Responded to by Oliver Warner, Secretary of State.

3. *Boston.* Distinguished for her liberal hospitality, to-day she "opens wide her gates on golden hinges," and gives graceful welcome to the representatives of medical reform. Responded to by William G. Harris, President of the Common Council.

4. *The American Institute of Homœopathy.* It celebrates to-day its quarter-centennial anniversary. In view of the honor it has won in the brief period of twenty-five years, who can anticipate its centennial glory! Responded to by the President of the Institute, Dr. Ludlam, of Chicago.

5. *The Army of the United States, Regular and Volunteer.* The world is astonished at its stupendous achievements. Liberty, humanity and science join in cordial homage to the flag under which it marched to immortal victory. Responded to by General Benham, of the U. S. Army, and General Osborne, of the volunteers.

6. *The United States Navy.* Vicksburg! New Orleans! The British Channel! Mobile! How the pulse of patriotism thrills as the memory recurs to the gallant exploits these names recall. Responded to by Admiral Thacher.

7. *The Legal Profession.* Always ready to appreciate the progress of science, and recognize the genius of all who contribute to its advancement. Responded to by Hon. William Whiting.

8. *The Press.* Despotism, bigotry and ignorance honor it by their hatred; reform and progress hail it as their friend and ally. Responded to by William W. Clapp.

9. *Reform and Reformers.* Striving as we do to emancipate our profession from the errors, traditions and authority fastened upon it, we have ready sympathy for those who seek to help mankind by urging the claims of freedom against the pretensions of precedent. Responded to by William Lloyd Garrison.

These were followed by a number of other toasts which were responded to by members of the Institute.

The speaking ceased at a late hour, when all departed with pleasant memories of the occasion.

FOURTH DAY—(FRIDAY.)

MORNING SESSION.

The Institute met at 10 o'clock pursuant to adjournment, the President in the chair.

The first business in order was the Report of the *Committee on Medical Education*. Papers had been prepared by Drs. C. J. Hempel, of Grand Rapids, Mich., T. P. Wilson, of Cleveland, and G. D. W. Beebe, of Chicago, which were accepted without being read. Dr. D. S. Smith, of Chicago, gave a brief synopsis of Dr. Beebe's paper, and stated that all the questions in regard to medical education were presented in full in the report of the Bureau.

A very interesting discussion then ensued.

Prof. O. B. Gause, of *Hahnemann College of Philadelphia*, said he stood before the Institute as an humble individual, but that as the representative of the oldest Homœopathic Medical College in the world, his own *alma mater*, he was clothed with a dignity that impressed him. The school he represented, he had no hesitation in saying, would be second to none in point of efficiency, and that steps had been, and would hereafter be taken to make it an institution to which students might be sent with the fullest assurance that they would there receive a thorough medical education, such as the times demanded.

Professor A. O. Blair, of Cleveland, followed, alluding to the high position the college he represented occupied, and spoke of the facilities for clinical instruction afforded by the recently established hospital.

Drs. Morse, of Salem, Mass., and S. S. Guy, of Brooklyn, N. Y., advocated the raising of the standard of the curriculum of instruction in our medical schools, so that it shall no longer be necessary for any homœopathic student to seek needed instruction within the walls of an allopathic institution.

Dr. Buck, of Sandusky City, offered the following resolutions :

Whereas, the enviable position which Homœopathy as a science has achieved, places it in such a light before the world that its defects as well as its excellencies become visible ; and

Whereas, It is desired by the American Institute that the most thorough and efficient methods evolved by the combined talent of this national body for the education of representatives of our art should be brought to bear upon our medical colleges, to the end that they may labor together for the perfection of our art ; therefore

Resolved, That a committee of five be appointed by the Institute to confer with a joint committee consisting of one representative from each of our

Homœopathic Colleges, to devise a more thorough and efficient plan of medical education than that now pursued by any, and report the same at our next annual meeting.

Resolved, That this Institute recognize both the trials and triumphs of these colleges, and that it desires to share with them in the future, as it has in the past, both their labors and honors.

The preamble and resolutions were adopted after having been discussed.

The question of the admittance of women to membership in the Society was then opened by Dr. Swazey, of Springfield, who moved to amend the constitution by inserting the words male and female in the 3d article of the constitution, of which he had given notice last year. He asked the Institute to take up the question fairly, and said it was merely a question of expediency and policy at this time. It was not a question of the admission of any single candidate and had nothing to do with the question of woman's rights. After having educated females, fraternized with them, and introduced them to the public, the question was whether it was well to open the door of the larger societies to them.

Dr. Dunham said he advocated this measure not from motives of gallantry nor from motives of justice, but simply with regard to the objects of the Association, said to be the advancement of medical science. One-half, perhaps two-thirds of our patients were women. Little or nothing was known of the effects of drugs upon women, and we never can know more until we have thoroughly educated women to study the susceptibilities of their organism to drugs. If we had a dozen thoroughly educated and accomplished women physicians fully our equals—and he believed the world was capable of producing such—who could become adjunct members of the Bureau of Materia Medica, there would come up in one year such a paper on the subject of provings as would make us glad forever that we had encouraged the measure.

Dr. Morse, of Salem, moved the postponement of the whole matter till the next annual meeting, and the appointment of a committee to report at the next annual meeting. He thought it would do harm if the measure was passed in Massachusetts.

Dr. Bellows, of Boston, said he could not believe that it would prejudice any one because it came from Massachusetts. He said he believed the time would come when every man would say that he was ashamed that he had ever voted against a woman simply because she was a woman.

Dr. Martin, of Philadelphia, asked Dr. Swazey to change the words males and females to men and women, because males and females were not always human beings.

Dr. Talbot stated that the constitution did not exclude women, and the amendment would do no good.

An amendment to the amendment of Dr. Morse was offered, for the indefinite postponement of the whole matter, but was lost by a decided vote.

The discussion hereupon became very exciting, and it was soon evident that the sentiment of the majority was favorable to the measure.

Dr. H. M. Smith, of New York, then presented as a substitute:—

Resolved, That properly qualified physicians, men or women, are eligible to membership in the American Institute of Homœopathy.

Dire confusion followed the offering of this resolution, the members holding very conflicting views of parliamentary law. Dr. Schneider, of Cleveland, moved the laying of the whole subject on the table, but the motion was lost.

After considerable time had been spent in determining the relation of Dr. Smith's resolution to the motion of Dr. Swazey, a division was called and the resolution was adopted as a substitute.

The question was then upon the passage of Dr. Smith's resolution. The vote resulted in 84 in the affirmative to 32 in the negative.

In answer to a question, Dr. Smith stated that the object of the resolution was merely to obtain the sense of the members present as to whether the constitution admitted women. They had admitted no woman. They had only declared that women were eligible to membership. The opposition to the measure was very decided, and several gentlemen made remarks which they afterwards softened down, and the discussion ended in a series of very bland personal explanations.

Dr. D. S. Smith, of Chicago, gave notice that he should offer a resolution at the next annual meeting to rescind this resolution.

Dr. McManus, of Baltimore, said that though he had opposed the admission of women to membership he had the greatest respect for the sex. He was a believer in woman's rights to the fullest extent, but he had opposed the movement out of respect for the delicacy of the sex.

A committee was appointed to nominate officers for the ensuing year.

The committee in conference with the committee of the Western Institute presented a report, strongly urging that immediate measures be taken for union with that Institute.

Resolutions tendering the thanks of the Institute to the presiding officers, to the city of Boston, to the Massachusetts Medical Society, to the press of Boston for their reports of its proceedings, and to the managers of all institutions in the city which have tendered the Institute courtesies, were read and adopted unanimously.

An invitation to visit the Coliseum at such time as should suit the convenience of the members was read, and the Institute then adjourned to 2 P. M.

AFTERNOON SESSION.

The Institute met at 2 P. M., for the transaction of its unfinished business.

A paper from the Bureau of Clinical Medicine was presented and referred.

Dr. H. M. Paine, of Albany, N. Y., gave an account of the efforts being made in that State to establish an Insane Asylum under the direction of homœopathic physicians.

Dr. Blair, of Ohio, stated that he had found cutaneous disease existing in conjunction with every case of idiocy which had come under his notice, and expressed the belief that idiocy was caused in many cases by the wrong treatment of that disease.

Dr. Payne, of Bath, of the Committee on Nominations, reported a list of officers which was accepted. Dr. Talbot declined the nomination as General Secretary, and the list of officers unanimously elected is as follows:—

President, Dr. David Thayer, of Boston; Vice-President, Dr. J. J. Youlin, of Jersey City, N. J.; General Secretary, Dr. R. Ludlam, of Chicago; Provisional Secretary, Dr. T. C. Duncan, of Chicago; Treasurer, Dr. E. M. Kellogg, of New York City; Censors, Drs. F. R. McManus, of Baltimore, L. E. Ober, La Crosse, Wisconsin, G. D. Beebe, Chicago, Ill., W. E. Payne, Bath, Me., T. P. Wilson, Cleveland, Ohio.

Dr. Carroll Dunham, of New York, was designated as the orator at the next annual meeting.

Dr. Payne, of Bath, Me., offered a resolution that the officers just elected should commence their duties on the first of January next, which was passed.

It was voted that the "Transactions" for 1869 be published in a style uniform with those of the past two years.

Dr. Talbot then made a few congratulatory remarks, saying that this meeting of the Institute had been the largest ever held. The whole number of new members added to the roll of the Society counts up 212.

No other business remained to be transacted, and at half-past three the Institute adjourned *sine die*.

The next annual meeting will be held in Chicago.

The following is a list of the Bureaus and Committees for the ensuing year, as announced by the President:—

Bureau of Materia Medica. Pharmacy, and Provings.

C. Wesselhoeft, M. D., Dorchester, Mass.,
W. Williamson, M. D., Philadelphia,
W. E. Payne, M. D., Bath, Me.,
H. L. Chase, M. D., Cambridge, Mass.,

E. M. Hale, M. D., Chicago,
J. P. Dake, M. D., Salem, Ohio,
Geo. E. Belcher, M. D., New York City,
J. Lester Keep, M. D., Brooklyn, N. Y.,

S. B. Barlow, M. D., New York City.

Bureau of Clinical Medicine.

H. D. Paine, M. D., New York City,
S. M. Cate, M. D., Salem, Mass.
D. H. Beckwith, M. D., Cleveland, Ohio,
S. Gregg, M. D., Boston, Mass.,

J. C. Burgher, M. D., Pittsburgh, Pa.,
N. F. Cooke, M. D., Chicago,
W. H. Holcombe, M. D., New Orleans,
L. M. Kenyon, M. D., Buffalo, N. Y.,

P. P. Wells, M. D., Brooklyn, N. Y.

Bureau of Obstetrics.

Reuben Ludlum, M. D., Chicago,	E. M. Kellogg, M. D., New York City.
H. N. Guernsey, M. D., Philadelphia,	J. C. Sanders, M. D., Cleveland,
J. H. Woodbury, M. D., Boston,	O. B. Gause, M. D., Philadelphia,
T. G. Comstock, M. D., St. Louis.	

Bureau of Surgery.

W. T. Helmuth, M. D., St. Louis,	Malcolm Macfarlan, M. D., Philadelphia.
Gaylord D. Beebe, M. D., Chicago,	John J. Detwiler, M. D., Easton, Pa.,
B. W. James, M. D., Philadelphia,	J. B. Bell, M. D., Augusta, Me.,
Timothy F. Allen, M. D., New York City,	N. Schneider, M. D., Cleveland.
C. T. Liebold, M. D., New York City,	

Bureau of Organization, Registration, and Statistics.

H. M. Smith, M. D., New York City,	T. C. Duncan, M. D., Chicago,
H. M. Paine, M. D., Albany, N. Y.,	R. J. McClatchey, M. D., Philadelphia.
E. B. Thomas, M. D., Cincinnati, Ohio.	

Bureau of Anatomy, Physiology, and Hygiene.

Carroll Dunham, M. D., New York City,	C. W. Boyce, M. D., Auburn, N. Y.
J. H. P. Frost, M. D., Bethlehem, Pa.,	A. R. Morgan, M. D., New York City,
T. P. Wilson, M. D., Cleveland, Ohio,	J. H. Pulte, M. D., Cincinnati,
J. J. Mitchell, M. D., New York City.	

Committee on Medical Education.

G. D. Beebe, M. D., Chicago,	T. G. Comstock, M. D., St. Louis,
C. J. Hempel, M. D., Grand Rapids, Mich.,	H. B. Clarke, M. D., New Bedford, Mass.,
D. S. Smith, M. D., Chicago,	A. O. Blair, M. D., Cleveland, Ohio.

Committee on Finance.

H. M. Smith, M. D., New York City,	W. Williamson, M. D., Philadelphia,
E. M. Kellogg, M. D., New York City,	E. B. Thomas, M. D., Cincinnati,
I. T. Talbot, M. D., Boston.	

Committee on Foreign Correspondence.

Carroll Dunham, M. D., New York City,	B. De Gersdorff, M. D., Salem, Mass.,
T. S. Verdi, M. D., Washington, D. C.,	J. Hartman, M. D., St. Louis,
I. T. Talbot, M. D., Boston.	

Committee on a Homoeopathic Dispensatory.

Carroll Dunham, M. D., New York City,	T. F. Allen, M. D., New York,
W. Williamson, M. D., Philadelphia,	H. M. Smith, M. D., New York City,
F. E. Bœricke, M. D., Philadelphia,	Frank A. Rockwith, M. D., Newark, N. J.,
J. J. Mitchell, M. D., New York.	

Committee on Nomenclature and Pharmacy.

W. Williamson, M. D., Philadelphia, Pa.,	C. Neidhard, M. D., Philadelphia, Pa.,
C. Hering, M. D., Philadelphia, Pa.,	Jacob Jeanes, M. D., Philadelphia, Pa.,
E. F. Bœricke, M. D., Philadelphia, Pa.	

Orator.

Carroll Dunham, M. D.

Alternate

Edwin M. Kellogg, M. D.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M. D., Secretary.

MAY MEETING.

At this meeting of the Society, the subject of a fee bill was discussed, but no definite action was taken.

A vote of thanks to Dr. A. M. CUSHING, of Lynn, Mass., for valuable provings of *Dioscorea* and *Dioscorein*, was unanimously given.

A circular to be sent to patients and friends, by physicians, asking aid for the Hospital Fair, was submitted by Dr. Guernsey and adopted.

A circular on Medical Education was received from the Homœopathic Medical Society of Ohio, and on motion of Dr. Martin, was referred to a committee consisting of Drs. Martin, Williamson and Moore.

A circular from Dr. T. S. Hoyne, of Chicago, notifying the Society that Drs. Hoyne and Davies proposed establishing a journal devoted to reporting the proceedings of societies, and asking for assistance from the Philadelphia Society, was read by the Secretary.

On motion, the Secretary was instructed to notify Dr. Hoyne that the Society heartily endorses the proposed enterprise, but prefers having its proceedings and papers published by the *Hahnemannian Monthly*.

Drs. B. W. James, C. J. Wiltbank, Richard Koch, J. C. Morgan, and Malcolm Macfarlan, were appointed delegates to the Pennsylvania State Society.

Dr. H. N. Guernsey was appointed delegate to the American Institute of Homœopathy.

A paper by Dr. C. S. Middleton, calling the attention of the Society to the prevalence of criminal abortion, was read by the Secretary. It was, on motion, laid on the table.

Dr. W. Williamson then read the "Treatment of Puerperal Convulsions," in accordance with the request made at the preceding meeting.

On motion, the subject of Dr. Williamson's paper was made a special order for discussion at the next meeting.

The Society then adjourned.

JUNE MEETING.

The President, Dr. Richard Gardiner, took the chair at this meeting, being his first attendance since his recent severe illness.

The minutes of the preceding meeting were read and approved.

The Committees on fee-bill and on medical education reported progress.

The report of the delegates to the State Society was made through Dr. Richard Koch.

The report of the delegate to the American Institute (Dr. Guernsey), was also submitted.

Dr. GUERNSEY described the meeting at Boston as having been grand, and almost indescribable. He had been so greatly gratified at so great an outpouring of homœopathists, and such an evidence of the impression Homœopathy was making, that he should regard his visit to Boston as one of the most gratifying events of his life.

Dr. O. B. GAUSE said the American Institute, as convened at Boston, was a body of scientific men, second to none other in the nation, met together for scientific purposes, and it made him feel very proud to think that this meeting was composed exclusively of men wedded to the practice and propagation of once despised, but now honored, Homœopathy.

Dr. WILLIAMSON expressed himself as having been greatly impressed by what he saw. The meeting was composed of earnest and intelligent men. You had but to look into their faces to see the marks of intellect, of energy, and of force. It made him glad, and it must have gladdened the hearts of all the older practitioners present, to see the stamp of the younger men there, who were to be their successors.

Dr. McCLATCHY announced that the next meeting would be held at Chicago, and as he had been asked why Philadelphia had not been selected, stated that everybody seemed to be a little afraid to extend an invitation, after Boston, and that Philadelphia had put in a claim for the meeting in 1871, at which time we hoped to be able to treat the members not only with a greater degree of *hospitality* than in 1870, but also with a greater degree of *hospital*.

The discussion of the subject of Dr. Williamson's paper (puerperal convulsions), was then proceeded with.

Dr. O. B. GAUSE. Is there anything in connection with the condition of a pregnant woman, prior to full term, that may enable us to diagnose the probability or possibility of the occurrence of puerperal convulsions, and meet it in advance. If we could do this, we would gain a great point and save many lives. Much has been written on the subject, bearing chiefly on the condition of the blood as manifested by the urine. Some writers allege that puerperal convulsions are preceded by a condition of urine simulating that of Bright's disease—albuminuria. Is this really so? For myself, I have not had the misfortune to treat more than one case, and in that one I did not examine the urine. The patient was the second wife of a man whose first wife had died of puerperal convulsions, and she was taken with them at the commencement of labor. She lived in the same town as, and was acquainted with the cause of death of, the first wife. Now in what degree did this knowledge aid in producing the convulsions in the second wife, or could it have had no effect whatever?

Dr. J. C. MORGAN. What remedies were given to overcome the convulsions.

Dr. GAUSE. I gave none. As soon as the *os* was sufficiently dilated, I delivered the child; the convulsions ceased, and the woman made a good recovery.

Dr. MORGAN. Did you notice the condition of the feet and legs?

Dr. GAUSE. I cannot remember that I did or did not.

Dr. MORGAN. According to the teaching of Dr. Wiltbank of the old Pennsylvania College, œdema of the feet and legs in first pregnancies, indicated a tendency to convulsions. I have had some evidence of the truth of this assertion, in my own practice. About eighteen months ago, I attended a young married lady in her first confinement, who had terrible convulsions; and her limbs were very much swollen some time prior to labor. At every paroxysm, the head was thrown back as far as possible, the eyes were opened and turned upwards, and then violent jactitation followed, which gradually subsided. The first medicine I gave was *camphor*, with but slight effect. The convulsions continued after labor. I subsequently gave *opium*, and they gradually tapered off, and finally ceased. The same woman again became pregnant, and I found œdema of the feet, legs, and face, some time before her time. I gave *apis*, and the swelling entirely disappeared. When called to attend her in labor, I found that the waters had broke, and that she had no pain, the os being dilated to about the size of a silver half-dollar. Manipulation, to verify the position, brought on pains, and in about three hours after the child was born. The patient made a good recovery. This lady was quite stout. In another case, the patient being tall, spare and nervous, I found œdema of the feet and legs, for which I gave *apis*, and this condition disappeared. She had a normal labor and a good recovery.

Dr. Lippe gives a caution against the free use of *apis* in the first month of pregnancy, for fear of its producing abortion.

Some time ago, I was asked to prescribe for a patient of Dr. Thomas, who is sick. The lady was pregnant, and complained of a sensation of sudden, tense, swelling-out, in the abdomen, rising into the chest and head, and followed by vertigo and headache, and for which Dr. Thomas gave belladonna. The husband told me that the belladonna had greatly relieved her, but that the vertigo had returned, and that she had a bright-red, stinging, itching, burning swelling of the feet and legs, always worse in the morning. I gave the fifteenth centesimal of belladonna. By the time she was taken in labor, the swelling and erysipelatous redness had disappeared. I have no doubt but that she was threatened with convulsions, and that belladonna had averted that danger. After labor I found the os soft and flabbed, and the uterus long and slender, extending far up into the abdomen, showing, in my mind, the action of belladonna on the circular fibres of the womb, in producing this peculiar shape of it. My friend, Dr. Flagg, a distinguished dentist, recently told me that an allopathic physician had instanced Mrs. Jackson's prescription of *pulsatilla* for correcting mal-positions of the fœtus in utero, as one of the absurdities of homœopathic practice; I, however, narrated to Dr. F. this action of belladonna on the circular fibres, and thought it not far-fetched to argue that *pulsatilla*, by its action on another set of uterine fibres, compelled a natural shape for the uterus instead of the abnormal shape produced in consequence of the mal-position of the fœtus, and that this brought about a change of position of the fœtus itself.

Dr. M. M. WALKER stated that he had recently seen three cases of puerperal convulsions at the lying-in hospital at Vienna. In every case there was present œdema of the limbs and albuminuria. The three mothers died, and the three infants were dead when extracted.

Dr. GEO. R. STARKEY narrated a case of first labor, in which œdema of the limbs was prominent. It was a case of twins, and the convulsions set in between the birth of the first and second child. The mother died, but the children are still living.

Dr. S. S. BROOKS. Prevention is something that can, happily, be practiced to a great extent. Whenever there is œdema of the limbs present during pregnancy, the case should be carefully watched, and particularly during first pregnancies, and when the swelling is firm and elastic. In this condition I have found *aconite* to be a very serviceable remedy. During the whole period of pregnancy watch carefully the condition of the nervous system. Headache, vertigo, &c., are to be watched for and removed as promptly as possible, and especially if occurring during labor. Dr. Meigs, of Jefferson College, was very particular in this regard. He always asked during the progress of labor: do you have headache? do you see things properly or doubly? can you see my finger just as you should? If he found there was anything wrong, he immediately resorted to venesection. It is to this watchful care I wish to call attention, and not to Dr. Meigs' method of treatment. In these convulsions, I have found *aconite* and *belladonna* to be the best remedies. I am of the opinion that in convulsions occurring before labor, the prognosis is generally favorable; while in those occurring after labor, the prognosis is generally unfavorable.

Dr. R. J. McCLATCHEY stated that about four years ago, he was engaged to attend a young married lady in her first confinement. Some time prior to the completion of her term, he was called to prescribe for headache and vertigo, and scanty urine, which was not, however, chemically examined. The symptoms were not entirely cured, but so greatly relieved as to cause no further complaint on the part of the patient. About twenty days before the completion of her full term of gestation, he was suddenly called to see her; the messenger stating that she was "in a fit." This proved to be true, and the one fit was followed by some forty or fifty others, having the usual symptoms of puerperal convulsions, lasting three days, and gradually abating and finally ceasing after the administration of *iguatia*, *stramonium* and *cuprum*. There was no dilatation of the os: no pains: and no evidences of the onset of labor. There having been no convulsions for four days, the Doctor went to the meeting of the American Institute, leaving the patient in the care of his friend, Dr. Gause. On his return he found all well; and within a day of the calculated termination of pregnancy, the lady was taken in labor, and promptly and naturally delivered of a dead child, which was in a condition of partial putrefaction. She made a good recovery from the parturient state, but complained of her head, and had aberration of vision for some time afterwards, and her friends thought her to be a little "queer." She finally got entirely well. About two years

ago, she was taken in labor again, and was delivered of a fine girl after a labor of three hours. *No abnormal symptoms presented themselves during this period of pregnancy*, and during labor she complained of nothing except a slight headache and fullness of the head, for which belladonna was given. The placenta was delivered in about fifteen minutes, the condition of the uterus examined, and the usual after attendance given, the lady stating that she felt "quite comfortable." The Doctor had gone to the washstand and was washing his hands, when hearing a strange noise behind him, he turned to his patient and found her in a violent convulsion. This was followed by a good many others. *Iguatia* and *stramonium* were given, and the intervals between the paroxysms gradually lengthening, they finally ceased to recur after a lapse of twenty-six hours. The patient again made a good recovery from the parturient state, but complained of her head, as before, with the same aberrations of vision, and the former "queerness," but has long since regained her former good health. During *neither pregnancies was there the slightest degree of edema of the extremities or face.*

Dr. H. N. GUERNSEY. We need have no cases of puerperal convulsions if we have the care of the patients during pregnancy, and can cure all the ailments and complaints of the ante-partem period. We must take into consideration all the abnormal features that the patient may present, and cure whatever arises. Pregnancy is, *per se*, a physiological process, but there are so many causes, latent or otherwise, to give rise to disordered action, that we so commonly find symptoms of disease in our pregnant patients. These disordered actions may ultimate in puerperal convulsions, and hence if they are cured up or removed convulsions will not occur. A mere symptom may be the outcropping of a diseased condition, which, if allowed to run on, would result in eclampsia, or something else, and this simple symptom may at the same time be the only signal of distress held out, and may be sufficient to indicate the remedy for it. For instance, a parturient woman may be very sensitive, so much so as to be afraid of having the bed touched, or the floor trod on heavily. She will say, "don't jar the bed, I cannot bear it." This may be the only symptom. It might be the only indication of a condition of things that would lead to convulsions; but it indicates belladonna, and that remedy will remove it. Give whatever is indicated. Have your eyes and ears open, and your senses always on the alert, and this, with a thorough knowledge of the *Materia Medica*, will leave you always prepared. I have had many cases of puerperal convulsions, of various kinds, and have lost but one case. In that case, I never saw the woman until she was in labor, and am inclined to think she died of apoplexy, rather than of eclampsia. I have a patient who has been under my care during four or five pregnancies, and she always has hemorrhage and convulsions; the latter setting in just before the placenta is delivered. I seem, in this statement, to be treading on my own toes, but that is really not the case. She has had a symptom before every confinement, which I have thus far failed to cure, viz: great dry-

ness of the mouth and tongue. Dr. Hering and I have been unable to find the remedy.

Dr. J. C. MORGAN. Is this symptom worse at night, or in the morning?

Dr. GUERNSEY. It appears to be the same by day and by night.

Dr. MORGAN. Have you given *cinnabar*?

Dr. GUERNSEY. I have. *Moschus* seemed to give more relief than any other remedy; but it did not cure.

Dr. RICHARD KOCH. Dr. Gause inquires whether there is not some sign, symptom, or condition, by which we can know of the probability of the occurrence of eclampsia, in advance, and thus ward it off. A great deal has been said about albuminuria in connection with this subject, but there is another condition of the system which has not been mentioned as a cause of these convulsions, and that is *uræmia*. I have seen two cases in which this condition was present prior to the convulsions, and was undoubtedly the occasioning cause. I have no doubt but that the pressure of the gravid uterus on the kidneys gives rise to fatty degeneration of these organs; and, indeed, the high powers of the microscope demonstrate this degeneration to be present. Of course, degeneration of the kidneys will produce *œdema*; and pressure on the saphena vein will likewise aid in producing it. *Uræmia* may be a fruitful source of convulsions before labor. For those resulting during labor, as an effect of nervous excitement, I would recommend a trial of the *actea racemosa*.

Dr. C. E. TOOTHAKER. Are not these convulsions due rather to a diseased condition of the mind and the nervous system, than of the physical organization? It seems to me that they are more easily explained on the former ground than on the latter.

Dr. S. S. BROOKS expressed great satisfaction with the remarks of Dr. Guernsey. There really does seem to be some morbid action of the system, which the symptoms occurring during pregnancy or parturition indicate, and which might result in eclampsia, and which we may, by careful application, be enabled to cure, and thus prevent the convulsions from occurring at all.

Dr. WILLIAMSON. I do not doubt but that if we could cure all the abnormal conditions presenting during pregnancy, we would have no cases of convulsions. Regarding the practice of medicine as a science, we should observe every morbid manifestation, and take into consideration every dyscrasia of the system, whether hereditary, acquired, or accidental. But as we have the outcroppings of these morbid conditions or dyscrasie, the convulsions themselves, then the art of medicine is demanded, and we must, under the circumstances, do the best we can. We may imagine that whatever a man may say comes from his heart, but it is not always the case. Thus we may be deceived in disease, by a false and misleading utterance. I endorse all that Dr. Guernsey says, and I do not hesitate to go still farther, and assert that when Homœopathy has charge of all the people for generation after generation, there will be none of these morbid manifestations in physiological processes, and that parturition will not be attended

with suffering; there must be uterine contraction, but there need not be pain. The longer we are in practice, the fewer cases of puerperal convulsions do we see. Why is this so? Because we are adding constantly to our knowledge of the action of remedies, and of the manifestations of disease, and in this particular case, we cure the ante-partem abnormalities that would have led, if not cured, most probably, to convulsions.

A large majority of cases of eclampsia are preceded by urinary symptoms, but I cannot agree that these are always dependent on pressure on the kidneys, as the trouble often occurs at a period of pregnancy at which no such pressure is made. I am of the opinion that they frequently occur from the condition of pregnancy arousing any latent dyscrasia of the system. Soon after I came to Philadelphia, I was called to attend a young woman in her first pregnancy. I found the whole body anasarcous; the labiæ being so greatly distended that I feared sloughing. I scarified these, and administered *silicia*, when the swelling subsided. She went safely through labor, had a few twitches, but no convulsions.

In regard to the action of the mind in producing these cases: I also attended the second wife of a man whose first wife had died two years before of puerperal convulsions. She had eclampsia before labor had ceased, the child was still-born, and the convulsions ceased after the birth. In this case, I gave *opium*. I believe that *gossypium* has the power of doing away with the susceptibility of the brain and nervous system to be acted upon by the irritation of the uterus.

I have had some experience in the action of *actea racemosa*. About two months ago, I was called to see a young lady who was in her first pregnancy. The limbs were swollen and the urine scanty. I gave *silicia* which greatly relieved her. She afterwards complained of a sensation of fullness in the epigastrium, which *lycopodium* relieved; and which was followed by fullness and soreness in the iliac region, which *actea racemosa* relieved. During my absence in Boston, she had symptoms indicating *nux vomica*, and that remedy relieved her. Yesterday I was sent for, and got there just as the child was born. I feared, in this case, convulsions, and hence I was very careful in watching the patient. She has no aches or pains worthy of a complaint, and shows no signs of eclampsia as yet. In another case, I gave the woman *actea rac.*, and she had an easy labor, and no unfavorable after symptoms. I do not assert that these results are due to the *actea*, but it is fair to think so.

The Society adjourned at 10.30.

PENNSYLVANIA MEDICAL SOCIETY.

THE Fourth Annual Meeting of the Homœopathic Medical Society of Pennsylvania was held in the Arbitration room of the Court House, Wilkesbarre, commencing Tuesday, May 18th, at 10 o'clock, A. M.

FIRST DAY.

The meeting was called to order, and Walter Williamson, M. D., of Philadelphia, was called to the chair.

Prayer was offered by Rev. T. M. Reese, of Wilkesbarre.

Among the members present were the following: W. Williamson, M. D., Philadelphia; O. B. Gause, M. D., Philadelphia; Smith Armor, M. D., Columbia; Richard Koch, M. D., Philadelphia; John S. Pfouts, M. D., Wilkesbarre; Comly G. Wiltbank, M. D., Philadelphia; W. James Blakely, M. D., St. Mary's; Bushrod W. James, M. D., Philadelphia; John C. Burgher, M. D., Pittsburgh; Chas. A. Stevens, M. D., Scranton; Lr M. Rousseau, Pittsburgh; Robert J. McClatchey, M. D., Philadelphia.

Drs. J. S. Pfouts and Smith Armor were appointed a Committee to audit the Treasurer's account.

The report of the Treasurer, W. M. Williamson, M. D., of Philadelphia, was then read and referred.

Dr. McClatchey, on behalf of the Committee of Publication reported that the Transactions of the last annual session of the Society had been published in pamphlet form of 152 pages, and furnished to members and others. The Publication Committee also reported that they had been unable to meet their obligations in consequence of members neglecting to pay dues.

Drs. Blakely, Rousseau and McClatchey were appointed a special committee to take this subject under consideration and report.

The Committee on Charter reported progress. The report was accepted and the Committee continued.

Drs. O. B. Gause, B. W. James, and R. J. McClatchey, delegates to the New Jersey State Medical Society, submitted a report which was accepted and referred to Committee of Publication.

The delegates from the Philadelphia Medical Society, viz. Drs. B. W. James, C. J. Wiltbank, Walter Williamson, Richard Koch, J. C. Morgan and Malcolm Macfarlan, made a report through the chairman, showing that important Society to be in a very flourishing condition.

Dr. C. A. STEVENS of Scranton, reported on behalf of the Luzerne County Medical Society.

Prof. O. B. GAUSE, announced the union of the two Homœopathic Medical Colleges, formerly existing in Philadelphia, and announced that the profession in that city was entirely harmonious, and unanimous in

the determination to work heartily in the effort to advance scientific medical education. He also announced that a large general hospital would be erected in that city, and that efforts are now being made to raise a sum of \$100,000 for building and endowing such institution.

The report was received and the speaker requested to commit it to writing, and hand to Committee of Publication.

Dr. SPERLING, of Wyoming, made some remarks, showing the remarkable success of Homœopathy in his location.

Prof. RICHARD KOCH, on behalf of Hahnemann Medical College of Philadelphia, alluded to the proposed change in the curriculum of instruction in Homœopathic colleges, looking to a graduated course to be comprised in three years of instruction. The Faculty of Hahnemann College ask for the support of the entire profession that they may be sufficiently encouraged to proceed on this plan; so that the Homœopathic School may be first to take this step towards elevating the standard of medical education.

Dr. Koch also reported from the Hahnemann Dispensary that that institution was a great success; upwards of ten thousand patients being annually prescribed for gratis, and numerous obstetrical cases given to advanced students, under the direction of professors.

Dr. J. C. Burgher made an interesting verbal report showing the great utility, success, and flourishing condition of the Homœopathic Hospital and Dispensary of Pittsburgh.

Dr. Burgher was requested to submit a written report to the Committee of Publication.

The resignations of Drs. Walter Ure, of Allegheny City, and William Stiles, of Philadelphia, were presented and accepted.

The Board of Censors then reported that the following gentlemen, having been proposed, were found to be eligible to membership, viz: Jos. E. Jones, M. D., West Chester; Malcolm Macfarlan, M. D., Philadelphia; W. Beesly Davis, M. D., Philadelphia; G. E. Chandler, M. D., Lock Haven; Walter M. Ostrander, M. D., Danville; A. J. Clark, M. D., Scranton; J. G. Sperling, M. D., Wyoming.

The Report of the Censors was received, and the candidates were elected.

The roll was then called, and the address of members corrected.

A motion was made and carried, that Section V. "Order of Business," of the By-Laws, be stricken out.

The following amendments to the By-Laws were then offered by Dr O. B. Gause, and unanimously adopted, viz:—

Section V.—The annual election of officers for the ensuing year shall take place during the last meeting of the session.

Section VI.—The annual order of business shall be arranged by the Recording and Corresponding Secretaries.

The Reports of the Committees on Surgery were then called for.

On motion, the delegates from other Medical Societies, and other

Homœopathic physicians present, were invited to a seat in the Society, and to take part in the proceedings of the session.

The Report on the "Resumé of Improvements during the year," by Chas. H. Von Tagen, M. D., of Harrisburg, was read by the Corresponding Secretary.

The report was received and referred to Committee of Publication.

The Report on "Conservative Surgery," by L. H. Willard, M. D., of Allegheny City, was also read.

The report was received and referred.

The Report on "Ophthalmic and Aural Surgery," by Bushrod W. James, M. D., of Philadelphia, was then read.

The report was accepted and referred.

Dr. J. C. Burgher, of Pittsburgh, made a verbal report of a case of stone in the bladder, in which he performed the operation by lateral perineal section successfully on a boy eighteen years of age. He exhibited the specimen of calculus removed, to the Society. Before operating, he gave staphysagria for a few days, and followed that remedy with sarsaparilla. He used the bistoury instead of the gorget in operating, it being the most manageable instrument for this operation. The bladder was thoroughly washed out after the operation, and several pieces of calculi thus removed.

He was by a vote invited to commit his report to writing, and hand it to the Committee on Publication.

A paper from Professor Malcolm Macfarlan, of Philadelphia, on cases from surgical practice, [one of strangulated femoral hernia, resulting in artificial anus, and a case of laceration of the perineum,] in both of which the operation was successful, was read and referred to Committee on Publication.

Dr. W. James Blakely, of St. Mary's, read a report of a very interesting case of caries of the joints of the lower extremity, upon which he operated by the flap operation, in the middle third of the femur, with a successful result.

He exhibited the bones of the limb removed, which showed a very remarkable and extensive caries of the whole bony structure.

On motion, the Society adjourned until three o'clock.

AFTERNOON SESSION.

The Society assembled at 3 o'clock, Dr. Williamson in the chair.

A series of interesting surgical cases occurring in the practice of Jas. H. McClelland, M. D., of Pittsburgh, were read, accepted, and referred to Committee on Publication.

The Chairman then announced that discussions on the subjects embraced in the reports of the committees on surgery, would be in order.

DR. RICHARD KOCH said he thought we should not lightly pass over the first report submitted, the "Resumé of Improvements during the year," and have it published without some words of condemnation. He did not think the practice of hypodermic injection should be countenanced by homœopathic physicians. It was certainly not homœopathic prac-

tice to give drugs in this way, in massive doses, and should not be held up as an improvement for homœopathists, since Hahnemann many years ago, showed a better method of medication. He did not believe at all, that the bad after effects of morphia were avoided by using it in this way. In fact, he knew it to be not true; nor could morphia or atropia be given in this way, when it might be claimed that they were homœopathic; because when these drugs are taken into the stomach—as in proving—they were chemically changed by the secretions of the stomach, &c.; and hence, when these same drugs were introduced beneath the cutis, they were not the same drugs exactly, and would not produce exactly the same symptoms as when taken by the stomach. The writer of the paper is a friend of his, but he felt it to be his duty to call the attention of the Society to the impolicy of publishing as improvements for the considerations of homœopathists, such matters as these.

DR. WILLIAMSON said he did not approve of the resort to such means, and was glad the subject had been broached. If the paper is published, he thought the standing resolution of the Society, that it did not necessarily endorse any of its publications, should be printed in connection with it.

DR. W. J. BLAKELY. The question is, should we, as a homœopathic medical society, publish articles which are non-homœopathic, and of which we cannot approve, even if we do disavow all responsibility in regard of their contents.

DR. C. A. STEVENS thought that such papers should not be published with our Transactions, or if they are, the profession should be given to understand plainly that we do not endorse or approve them.

DR. WILLIAMSON thought the Publication Committee would exercise its usual discretion in the matter.

The following resolution was proposed by Dr. Clark, and seconded by Dr. Koch:

“Resolved, That this Society does not recognize as sound homœopathic practice, the hypodermic injection of drugs.”

DR. O. B. GAUSE said that Dr. Von Tagen’s paper was merely a resumé of improvements in surgery during the year, and he no doubt felt called on to report everything new. He was not appointed to write a paper on Homœopathic Surgery. We should not be hasty to condemn anything or refuse to inquire into it merely because it is not what we think strictly homœopathic. The Society does not necessarily endorse any papers published by it, and that seems to cover the ground.

Dr. Gause was informed by several members that the report endorsed the practice, and recommended it to the members of the Society.

DR. KOCH said that Dr. Gause was not appointed to write on Homœopathic Obstetrics, nor was Dr. Raue to write on Homœopathic Therapeutic Hints, and yet what would we think if Dr. Raue were to come in here and give us Dr. Geo. B. Wood’s ideas of Therapeutic Hints.

DR. STEVENS thought that the report, as a resumé of improvements during the year, was incomplete. Some things were in which should be

omitted, and some things were omitted which should be in. He expected to have heard something concerning the use of dry earth as a dressing.

Dr. McCLATCHEY thought the Society should act advisedly in this matter, and that its action should be decided and final. The publication of this paper, to which there seems to be such serious objection, should not be left to the discretion of the Committee of Publication, nor should the responsibility of its rejection be left to that Committee to assume. As for hypodermic injections themselves, he did not consider them as either homœopathic or valuable, and the subject was certainly not new. It has been discussed and re-discussed in every allopathic medical society in the world, and had been shelved three years ago in the Massachusetts Homœopathic Medical Society.

Dr. BUSHROD W. JAMES mentioned as a new mode of surgical procedure, the removal of pedunculated and other tumors, around which a wire can be placed, by means of galvanic caustic. A fine platinum wire is applied to the growth and then heated by a strong current of electricity, and then traction is made so as to cut through and remove the part, cauterizing the tissues and preventing hemorrhage, and at the same time causing little or no pain.

He did not consider that the carbolic acid treatment of wounds or the hypodermic injections as improvements that had come up in surgery during the past year, and he was in doubt whether the paper had touched at all upon the real subject expressed by the title. He did not think we should entirely exclude the hypodermic mode or any other channel of getting medicine into the system, but if this is required to be used as a last or necessary resort, it is important that we do not use the remedies that Homœopathy forbids.

Dr. Clark's resolution was then withdrawn, and on motion of Dr. Stevens, the note referring the paper to the Committee of Publication was re-considered.

The paper was then, on motion of Dr. Blakely, laid on the table.

It was moved and carried that a special committee be appointed to report on the utility of hypodermic injections, at the next meeting of the Society.

The President appointed Dr. W. James Blakely said committee.

Dr. GAUSE said that in regard of the subject of medical treatment of tumors, as mentioned by Dr. Willard in his report on Conservative Surgery, he desired to report a case. He had now under treatment a case of tumor of the mamma of a young lady. In the right breast the tumor was quite large, while on the left there was an indurated lump of about the size of a pigeon's egg. The case had been in the hands of an allopathist, who had applied iodine ineffectually, together with other treatment. He (Dr. G.) had prescribed for her but twice, and the tumor in the left breast had entirely disappeared, while that in the right had considerably diminished in size. He had given her *conium maculatum*.

Dr. J. S. PROUTS reported that he had a case of movable tumor in the right breast, which he wished some of the members to see.

Dr. RICHARD KOCH said that at the Hahnemann Dispensary, under his care, an ovarian tumor, or perhaps more correctly, an ovarian enlargement of about the size of an infant's head, had been very greatly reduced under the action of *Sabina* 30th.

Dr. WILLIAMSON stated that he had had such tumors disappear under the action of *silicea* and *aurum*.

Dr. W. JAS. BLAKELY spoke of neuralgia of the spermatic cord. He instanced a case of long standing, where the patient suffered from the most excruciating attacks three or four times every year. The pains were as if the testicles were seized by a hand and pulled very severely. He mentioned the case to Dr. C. A. Stevens, while returning from the last meeting of the State Society. Dr. S. recommended *oleum animale*, and subsequently sent him the 18th potency of that remedy. An attack shortly afterwards came on, when he gave the medicine recommended. The result was almost instantaneous relief, and the pain has not recurred since.

The reports of the Committees on Materia Medica were next in order.

The report of the Committee on "New Remedies," by Walter Williamson, M. D., of Philadelphia, was then read.

The report was accepted and referred.

The report of the Committee on "The Specific Action of Remedies," by Richard Gardiner, M. D., of Philadelphia, was read.

The report was accepted and referred.

The reports of the Committees on Provings were then submitted.

The report of the Committee on "Partially Proved Remedies," by Dr. W. Jas. Blakely, of St. Mary's, was then read.

The report was accepted and referred.

A letter was received from Dr. D. Cowley, of Pittsburgh, Committee to report on "Re-proved Remedies," announcing his inability to prepare a report.

Dr. Williamson presented and read an interesting paper prepared by John G. Howard, M. D., of Philadelphia, on the indications and use of *Mygale Lasiadora Cubana*, accompanied with a drawing of the spider of the natural size.

On motion, the paper was received and referred to the Editor of the *Hahnemannian Monthly*, with the request that it be published.

The reports of the Committees on Obstetrics were then taken up.

The report of the Committee on "Improvements during the year," by O. B. Gause, M. D., of Philadelphia, was then submitted, Dr. G. exhibiting a number of instruments recently introduced and treated of in his paper.

The report was accepted and referred.

Dr. Manderville, delegate from the New Jersey State Medical Society, was then introduced, and invited to a seat during the session.

The Society then adjourned to meet in the Court Room, at 8 o'clock, to listen to the annual address of J. C. Burgher, M. D.

EVENING SESSION.

The Society assembled at 8 o'clock, in the spacious Court Room. A number of the citizens of Wilkesbarre were present by invitation.

The meeting was called to order by the President who introduced the orator of the evening, Dr. John C. Burgher, of Pittsburgh, who proceeded, in an able and eloquent manner, to address the assemblage.

A vote of thanks was extended Dr. Burgher for his address, and a copy solicited for reference to the Publication Committee.

The Society then adjourned to the "Arbitration Room" where a business session was held.

The report of the Cumberland Valley Homœopathic Medical Society was read, accepted, and referred.

On motion a committee of one was appointed to prepare obituary notices of Drs. J. E. Barnaby and Jas. A. Herron, deceased members. Dr. J. C. Burgher was appointed said Committee.

The Report of the Committee on "Abortion, Spontaneous and Criminal," by Henry N. Guernsey, M. D., of Philadelphia, was read, accepted, and referred to Committee on Publication.

The Committee on Finance reported through the Chairman, Dr. Blakely, that they did not consider it to be advisable to increase the dues at this time, but would suggest that the annual fee remain as at present, two dollars, and that members have the privilege of paying one dollar additional towards defraying the expenses of the Society. They also submitted the following resolution:—

"Resolved, That the Recording Secretary be instructed to once more notify delinquent members of their duties to the Society, and that the name of each member failing to respond within three months, be stricken from the roll."

On motion, the report was received.

The resolution offered was then unanimously adopted.

Dr. R. Koch offered the following addition to the By-Laws:

"The name of all active members of the Society remaining in arrears three months after any annual meeting, shall be stricken from the roll, and this provision of the By-Laws shall be appended by the Recording Secretary to all bills." Adopted.

The Society then adjourned to meet on Wednesday morning, at eight o'clock.

WEDNESDAY'S SESSION.

The Society assembled pursuant to adjournment, Dr. Williamson presiding.

The reading of Reports of Committees on scientific subjects was proceeded with.

The Report of the Committee on "New Diseases," by Chas. E. Toothaker, M. D., of Philadelphia, was read, accepted, and referred to the Committee on Publication.

The Report of the Committee on "Skin Diseases," by Richard Koch, M. D., of Philadelphia, was read, accepted, and referred.

The Report of the Committee on "Local Applications in Disease," by M. M. Walker, M. D., of Germantown, was read, accepted, and referred.

The Report of the Committee on "General Anatomy," by Robert J. McClatchey, M. D., of Philadelphia, was read, accepted, and referred.

The Report of the Committee on "Microscopy of Animal Tissues," by John E. James, M. D., of Philadelphia, was read, accepted, and referred.

A letter was read from Dr. J. H. McClelland, M. D., of Pittsburgh, stating that he had not time to prepare his Report on Pathological Anatomy, but would do so, if it was the pleasure of the Society, and forward to the Committee of Publication.

On motion the communication of Dr. McClelland was received, and the Publication Committee was authorized to receive his paper if forwarded in time for publication with proceedings.

The Report of the Committee on the "Physiology of Vital Organs," by W. T. Urie, M. D., of Chestertown, Maryland, was read, accepted, and referred.

Dr. WILTBANK, Committee on Baths, thanked the Society for the honor conferred upon him, regretting that he had no written report to offer. The subject of hot and cold baths had been so frequently discussed he supposed the Society was well versed in their deleterious and advantageous qualities, and therefore considered it useless to make a report in regard to them. But if agreeable to the Society he would give them the *modus operandi* of the famous Turkish Bath.

He then went on to say that the Baths were located at 1109 Girard St. in the city of Philadelphia, under the direction of Dr. Robert Wilson, to whom he was indebted for information.

Ancient and modern history informs us of the existence of these baths for thousands of years. Greece and Rome in their ancient greatness, and especially the latter, had numerous Turkish Baths or *Thermæ* fitted up in the most elegant style. When the conquering Romans took possession of one country after another, they established their Baths or *Thermæ*. Ruins of these institutions are still to be found in England, Scotland and Wales, countries they held for nearly four hundred years. While in possession of Turkey, the Turks acquainted themselves with the Romish manner of bathing, and it is to the worshipers of Mohammed that we must accredit the honor of accepting and retaining the system of bathing indulged in by the greatest orators, statesmen and warriors of ancient Greece and Rome.

The Turks have made the Bath a part of their religion, and their sultans and princes have endowed these bathing institutions in honor of their names.

The Turkish Bath in its modern form has been introduced into Great Britain but a short time, and yet it is claimed that there are already some two thousand baths in successful operation there. They are now being introduced into the principal cities of the United States, New York, Brooklyn, Boston, Providence, Chicago, and last, but not least, the city of Philadelphia, can boast of more than one *Thermæ*. For nearly four years these Baths have been considered by numbers of our citizens, but whether from the lack of enterprise, so proverbial in the city of Penn, or want of confidence in the projectors, I am neither able nor am I desirous of saying, these baths have only been commenced recently.

I now propose to give you the *modus operandi* of the bath, the description of which is from practical experience.

Having entered a reception room, tastefully fitted up in the Turkish style, you register your name, depositing any article of value with a clerk, who places them in a burglar-proof safe. Then you are ushered into the dressing room, where, being divested of your habiliments, you envelope yourself in a wrapper provided for your use, and enter what is called the warm room. After wetting the head with cold water, you place yourself in an easy chair covered with clean linen, where you passively recline; an attendant near by administers to any desire you may express. The temperature of this room is from 125 to 130 degrees Fahr. The time necessary to remain here is from seven to ten minutes, depending entirely, I suppose, on the condition of the bather. By this time what they call gentle perspiration, but I should use a stronger term, has become general over the body. You are now in a condition, if found desirable, to be removed to a temperature of 140 to 150 degrees Fahr., (the place, I am told, old bathers immediately secure, if possible, on entering the bath.) In this room you remain from five to ten minutes. By this time you are perspiring freely, the skin is soft and moist, and are now prepared for leaving the *Caldareum* and pass into the shampooing room. Here you find a marble couch, and reclining thereon, the shampooers (two Irish-Turks), with their hands, manipulate the whole muscular system. The shampooing with perfumed soap follows. This is the most soothing and delightful part of the bath, after what you have experienced previously. It caused me to think of what Bayard Taylor has written, "Thus we lie in perfect repose till mind and body are drowned in delicious rest, and we no longer remember what we are, gently sleep lies on our senses." After the shampooing, there is a fine spray of warm water thrown over the body, gradually cooling off, thus avoiding all extremes or shocks, and should the patient think it prudent, the shower and plunge bath may be indulged in. I would here say that the shock is severe, and not to be recommended. The process here completed, you are rubbed dry, and enveloped in a linen sheet, and pass into the cooling room where an easy chair or lounge is provided for you. The attendants dry the head thoroughly. You are then helped to a cup of strong coffee which you sip at

your leisure. When sufficiently cool, you dress, receive your valuables, (and the clerk his,) and go on your way rejoicing, not in the streets of Damascus nor the contracted ones of Constantinople, but into the broad, well regulated streets of the "City of Brotherly Love," feeling a cleaner, but I cannot say a healthier, stronger or happier man.

The Report of the Committee on "Practical Therapeutic Hints," by C. G. RAUE, M. D., of Philadelphia, was read, accepted, and referred.

Dr. RAUE's paper being the last report a general discussion was proceeded with.

Dr. O. B. GAUSE said the subject of the Turkish Bath is an important one. We are frequently asked by our patients, "shall I take a Turkish Bath?" The question is, shall we recommend them? If they have any therapeutic value, we should know what it is, that we may order them intelligibly. He mentioned the case of a young man in delicate health, who had been under his care, and who resorted to these baths. The patient was at first greatly pleased at the benefit he apparently derived from their use: but the good effects soon failed to be produced and he reverted to his former condition.

Dr. R. KOCH stated that he had had a patient suffering from epilepsy, and the fit came on him while in the hot room.

Dr. WILTBANK said he had heard of several cases of death while taking the bath shortly after a full meal. The proprietors recommend that the baths be used fasting or at least four hours after a meal.

Dr. W. J. BLAKELY desired more information on this subject, and suggested that a special committee be appointed to report thereon at the next meeting.

Dr. MCCLATCHEY mentioned that a full account of the "Russian Baths," nearly identical with Turkish Baths, by Dr. Madden, could be found in the *British Journal of Homœopathy* for 1867.

Dr. J. S. PROUTS stated that he had taken a bath to test its merits. He felt greatly depressed while in the hot room; his pulse ran down rapidly and he became alarmed, but was told there was no danger, and after the bath his sensations were of a very pleasant character; he felt greatly invigorated and as light as air. He regarded it more as a pleasure for those in health, than as a means of cure for the sick.

Dr. WILLIAMSON mentioned the "pine bath" as a therapeutic measure. He thought these baths belonged to nations steeped in effeminacy and luxuriousness, and better suited to people of that character than to the active and energetic people of this country. He doubted their utility in a medical point of view, and thought that we should not go back to, or endeavor to imitate, the weakness of eastern nations.

Dr. A. J. CLARK knew of but a single case relieved by the baths; that of chronic rheumatism.

Dr. O. B. GAUSE. In regard of the question of Obstetrics, he desired to have some discussion by the members on the following question. Is not the use of forceps frequently abused merely because extraction may

be performed by their aid, whereas in many cases where they are used, skillful manipulation may be sufficient to overcome the want of natural expulsive force?

Dr. R. KOCH. We find that it frequently occurs in parturition, that the pains are apparently strong and the uterus contracts; but not with that kind of force which we might term mathematical, so as to force the head in the proper direction and to the right point. It may be that one side of the womb contracts more than the other, and in this way the pressure is uneven. Here some little assistance with the finger or the vectis often overcomes the difficulty. But this trouble may continue, and the labor gives promise of being tedious; the nervous forces of the patient are debilitated and she becomes nervously excitable, which adds to the difficulty. Many women thus situated are really not able to bear the pangs and sufferings of child-birth as others are, and here speedy relief is very desirable, and the forceps properly applied and used are of very great value. Dr. K. thought the danger in applying the forceps depended almost entirely on the capability of the individual who applied them, and thought it of very great importance that their use should be properly taught to students and demonstrated on proper manikins and by other means. He had never seen any ill effects from the application of forceps in judicious hands.

Dr. C. E. TOOTHAKER had been led to doubt whether we should not await the action of nature; and to his mind it seemed unphilosophical to interfere with the natural functions of the mother. As far as his own experience had gone, he thought he had found that when delivery had been hastened by any means, injurious, rather than beneficial, results to the mother, if not to the child as well, had followed. He recollected many cases where he was decidedly of the opinion that benefit had been derived from awaiting the natural efforts of the uterus.

Dr. R. KOCH did not mean to convey the idea that we should interfere with natural labor; but ever since Adam and Eve lived together we have had unnatural labor. So long as natural labor pains are occurring, the woman will stand it; but it sometimes occurs that the woman's life is sacrificed, when five minutes use of the forceps would have saved it.

Dr. W. J. BLAKELY was satisfied that injurious results had followed delay in the use of the forceps. All judicious physicians should know when to apply and when to not apply them. He was sure, however, that as he gained experience in obstetric art, there were many cases in which he would formerly have applied the forceps, that he now left to the natural efforts of the womb, and with favorable results. He remembered having once read some remarks made by Dr. Lord, who stated that he had had 1700 cases of labor, and had never used the forceps. He could not understand how the doctor had got along without them. Children are not always delivered with ease by the forceps. He had had a case in which he and another physician after repeated trials singly had failed, had been obliged to exert their combined strength to effect extraction.

He had no doubt but that there were many cases in which gentle manipulation would do better than the forceps. Changing the position of the woman will frequently cause rapid expulsion of the child in cases in which there is a strong temptation to apply the instruments. He related a case in which, during a tedious labor, he had the woman turned to her left side, and she was delivered in fifteen minutes afterwards.

Dr. J. C. BURGHER said the application of the forceps requires knowledge and judgment, and these are required also to know when to apply them. It is injudicious to apply them in every case where there is delay. He had never, in any case, lost the mother, and in very few the child: and he had not resorted to instruments oftener than once in about fifty cases. He knew of a case in which the forceps had been continuously applied for three hours. He had never, in any case, used them longer than half an hour, and often delivery was effected in two or three minutes. The conditions laid down in our standard works well indicate when forceps should and should not be applied.

Dr. GAUSE. I perceive that my object has failed of being accomplished, which was to lead the discussion into a direction as to the comparative value of the forceps and vectis where the expulsive force is insufficient, the parts of the mother are natural, and the position of the child is not unnatural. The direction the child takes in the process of parturition should be a subject for the closest study. If the direction is ever so slight from what is natural there may be delay in the birth. In such cases the question is, are we to wait or use instruments, and, if we use instruments, is it best to use forceps or the vectis. It frequently happens that a change in the position of a parturient woman hastens the completion of labor. I know of a case of tedious labor, in which the physician was going for forceps, and on leaving the room the patient turned to the opposite side, and the child was born before the doctor had left the house.

Dr. C. A. STEVENS said that he did not use the forceps often. He thought more of the use of the finger in changing the position of the child, and of changing the position of the woman. He had had at least one thousand cases of labor, and thought he had not used the forceps above six times. He believed that much trouble arose, in obstetric practice, from physicians not understanding and not properly appreciating manipulation.

Dr. C. E. TOOTHAKER advocated the use of forceps where they are indispensable, but deprecated the tendency on the part of many physicians to resort to instruments unnecessarily. He thought the previous preparation of the enciente female equally important with manipulation during labor. He believed that in cases where there might have been difficulties and dangers during labor, these had been prevented by proper treatment months before labor set in. The nature of this previous preparation is dependent on the condition manifested by the woman. Her whole health, and particularly as relating to the uterine functions, is to be considered, and every abnormality properly met.

DR. WILLIAMSON. In considering this subject, let us see what the experience of others has been. Mad. Lachapelle had upwards of 13,000 cases; Mad. Boivin about the same number; Dr. Dewees, the prince of accoucheurs, about 10,000. From these we learn that the average number of forceps cases is about 1 to 25⁰. It has been my lot to be called to apply forceps more frequently than that, but not in my own practice. It was natural that I should be frequently consulted in difficult cases while I was a teacher of obstetrics. Besides, when I came to Philadelphia, there were nine or ten homœopathic physicians there, none of whom paid much attention to midwifery, and they were very glad to have one of their own school who did so, and in that way I got many cases.

There is system in the business of life, and births and deaths occur with very regular gradation, and this may be carried into midwifery. The average duration of labor—excepting primiparæ—is about four hours; and the average number of pains to a labor is about fifty. These are guide marks, not for every case, but for all cases. Some physicians think that if a labor has lasted six or eight hours, it is tedious, and they then want to apply the forceps, when, perhaps, the os is not dilated to the diameter of a silver half-dollar. I have witnessed labors where forceps should be applied very early, and others, where the labor having lasted three days these instruments were inadmissible. It is easier to define when forceps should not be applied than when they should be.

I am of the opinion that there is a tendency to a too frequent application of the forceps, on the part of physicians. The doctor is bound to do the best for his patient; to save suffering as much as possible, but above all to look to the safety of the mother and of the child; and the question is, does he who sits quietly at the bed-side, or in another room, fulfil this sacred obligation? I believe that I have often saved two or three hours of suffering, in cases that would have been tedious, by proper manipulation. The great point in labor is to have the head naturally follow the curve of the pelvis. One great aid in attaining this is in having the woman properly placed and her body properly flexed. I have been called to many cases of tedious labor where the child has been born ten or fifteen minutes after the woman had been placed in a correct position; and again, on the other hand, I have known cases of labor arrested and retarded by the wilfulness of patients who persisted in occupying an unfavorable position.

In regard to the vectis—which I have frequently used in former years—I am free to say that the best vectis I have is my forefinger. With it I operate, not on the head of the child alone, but on the soft parts of the mother; which the vectis cannot do. I place my forefinger under the os *uteri* at the beginning of a pain, and press gently but firmly against the part. When the resistance is decided, withdraw, and repeat the manœuvre again and again. By this process you press the os away from the head of the child, and facilitate the birth. The women feel that they are being “helped,” and they tell you so.

Dr. SPERLING gave an account of the practices resorted to in the hospital at Breslau in obstetric cases.

Dr. A. J. CLARK regards one of the modern features in obstetric practice as a great improvement, viz: the doing away with the application of a bandage to the mother after labor. The best old-school physicians of New York City have long since ceased to use it, and according to his own experience, he believed there would be fewer cases of prolapsus if physicians ceased to confine the abdominal muscles, which has a tendency to destroy their tone and weaken them.

Dr. R. KOCH. This practice is done away with by many physicians in Philadelphia. For himself, he sometimes used it and sometimes did not.

Dr. CLARK. Those who have used it and do without it after one labor will not have it applied again.

Dr. Blakely offered the following preamble and resolution, viz:—

"Whereas, Various circumstances have heretofore weakened the confidence of the profession in our colleges in Philadelphia, therefore

"Resolved, That this Society views with peculiar satisfaction the settlement of all difficulties by the consolidation of the Homœopathic Medical College of Pennsylvania and the Hahnemann Medical College of Philadelphia, and recommends to the confidence and support of the profession the consolidated institution."

Dr. Blakely supported these by some appropriate remarks, and they were unanimously adopted.

The following resolution was offered by Dr. Bushrod W. James, and unanimously adopted:—

"Resolved, That the State Medical Society respectfully requests our State Legislature to enact a law making criminal abortion tantamount to infanticide, and punishable by a similar penalty."

Dr. O. B. GAUSE. Should we have a man in our Society as a member, who has a general reputation as an abortionist?

Dr. BLAKELY. By the resolution just passed we certainly regard abortion as murder, and we should not associate with a murderer.

It was moved and carried unanimously that the editor of the *Hahnemannian Monthly* be, and is hereby, authorized to publish the proceedings of this body, and such of its papers as he may select, in that journal, prior to the issuance of the volume of transactions.

The bill presented by the janitor of the hall for services and attendance (ten dollars) was ordered to be paid.

At the suggestion of the Finance Committee it was moved and carried unanimously that, in order to relieve the Committee of Publication from present embarrassment, the members present each advance five dollars in addition to their annual fee, to be credited to each member so paying as dues paid in advance.

The following resolution was offered and unanimously adopted, viz:—

"Resolved, That the Recording Secretary be instructed to again notify

delinquent members of their duties to this Society, and to strike from the roll the name of each member failing to respond within three months after such notification."

The *Code of Ethics* adopted by the American Institute of Homœopathy, at its twenty-first session, was unanimously adopted as the *Code of Ethics of the Homœopathic Medical Society of Pennsylvania*.

The Auditors reported that they had examined the accounts and vouchers of the Treasurer and found them correct. The report was accepted and the Auditors discharged.

It was moved and carried that the next meeting of this Society be held in the city of Erie, on the second Tuesday in September, 1870.

The following gentleman were appointed delegates to the *American Institute of Homœopathy*, Drs. J. C. Burgher, W. Williamson, W. Jas. Blakely, Chas. A. Stevens, Marcellin Côté, Bushrod W. James, C. J. Wiltbank, Jas. B. Wood.

The appointment of Scientific Committees and Delegates to other societies was left to the President and Secretaries, as heretofore.

Dr. R. J. McClatchey, of Philadelphia, was appointed Orator.

Dr. A. J. Clark, of Scranton, Alternate.

The Recording and Corresponding Secretaries were appointed the Committee of Publication.

A vote of thanks was tendered the Recording and Corresponding Secretaries for services rendered.

A vote of thanks was tendered the County Commissioners of Luzerne County, for the use of the Court House.

In accordance with a resolution adopted at the commencement of the session, the Society then proceeded to elect officers for the ensuing year.

Drs. Toothaker and Rousseau were appointed Tellers.

The election resulted as follows:

<i>President,</i>	Dr. O. B. Gause, of Philadelphia.
<i>1st Vice-President,</i>	Dr. Chas. A. Stevens, of Scranton.
<i>2d Vice-President,</i>	Dr. Jas. H. McClelland, of Pittsburgh.
<i>Recording Secretary,</i>	Dr. Bushrod W. James, of Philadelphia.
<i>Corresponding Secretary,</i>	Dr. Robt. J. McClatchey, of Philadelphia.
<i>Treasurer,</i>	Dr. W. Jas. Blakely, of St. Mary's.
<i>Censors,</i>	Drs. J. H. Marsden, of York Sulph. Springs. R. Faulkner, of Erie. C. J. Wiltbank, of Philadelphia.

Drs. Blakely, Faulkner, Logee, Chandler, and the Secretaries, were appointed a Committee of Arrangements for the next meeting.

On motion, the reading of the minutes of the session was dispensed with.

The Society then adjourned.

BUSHROD W. JAMES, *Recording Secretary*.
ROBT. J. MCCLATCHEY, *Corresponding Secretary*.





